

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000008993

**Entity Name:** CREWS, L.L.C.

**Current Principal Place of Business:**

5214 LAKE LANE  
IMMOKALEE, FL 34142

**Current Mailing Address:**

5214 LAKE LANE  
IMMOKALEE, FL 34142

**FEI Number:** 59-3620621

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CREWS, ZACH F  
5214 LAKE LANE  
IMMOKALEE, FL 34142 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	CREWS, Z. FLOYD	Name	MOON, CATHERINE C
Address	5214 LAKE LANE	Address	1729 W. TAFT VINELAND RD
City-State-Zip:	IMMOKALEE FL 34142	City-State-Zip:	ORLANDO FL 32837-8416

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** Z. FLOYD CREWS

**MGR**

**02/08/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date