

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000002274

Entity Name: CRAWFORD ADVISORS, LLC**Current Principal Place of Business:**200 COLONIAL CENTER PARKWAY, SUITE 150
LAKE MARY, FL 32746**Current Mailing Address:**200 COLONIAL CENTER PARKWAY, SUITE 150
LAKE MARY, FL 32746 US**FEI Number:** 30-0837157**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	MANAGER
Name	HENDERSON, JIM W
Address	200 COLONIAL CENTER PARKWAY SUITE 150
City-State-Zip:	LAKE MARY FL 32746

Title	MANAGER
Name	RILEY, THOMAS E
Address	200 COLONIAL CENTER PARKWAY SUITE 150
City-State-Zip:	LAKE MARY FL 32746

Title	MANAGER
Name	VREDENBURG, PAUL
Address	200 COLONIAL CENTER PARKWAY SUITE 150
City-State-Zip:	LAKE MARY FL 32746

Title	MEMBER
Name	ASSURED PARTNERS CAPITAL, INC
Address	200 COLONIAL CENTER PARKWAY SUITE 150
City-State-Zip:	LAKE MARY FL 32746

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: PAUL VREDENBURG**SECRETARY****01/30/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date