

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050612

FILED  
May 03, 2011  
Secretary of State

**Entity Name:** S. CRUMB SPECIALTIES LLC

**Current Principal Place of Business:**

2515 WALKERTOWN AVE  
DELTONA, FL 32725

**New Principal Place of Business:**

**Current Mailing Address:**

2515 WALKERTOWN AVE  
DELTONA, FL 32725

**New Mailing Address:**

**FEI Number:** 20-0446888

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRUMB, DEBORAH  
2515 WALKERTOWN AVE  
DELTONA, FL 32725 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CRUMB, STANLEY J PRES.  
Address: 2515 WALKERTWON AVE.  
City-St-Zip: DELTONA, FL 32725 US

Title: MGR  
Name: CRUMB, NATHAN J V.PRES.  
Address: 2515 WALKERTOWN AVE.  
City-St-Zip: DELTONA, FL 32725 US

Title: MGR  
Name: CRUMB, DEBORAH J TRES.  
Address: 2515 WALKERTOWN AVE.  
City-St-Zip: DELTONA, FL 32725 US

Title: MGRM  
Name: TRINKL, CHARLES F TRUSTEE  
Address: 1065 PORTLAND STREET  
City-St-Zip: DELTONA, FL 32725 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: STANLEY J. CRUMB

PRES

05/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date