

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000050612

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

**Current Principal Place of Business:**

2515 WALKERTOWN AVE  
DELTONA, FL 32725

**Current Mailing Address:**

2515 WALKERTOWN AVE  
DELTONA, FL 32725

**FEI Number:** 20-0446888

**Certificate of Status Desired:** No

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

CRUMB, DEBORAH  
2515 WALKERTOWN AVE  
DELTONA, FL 32725 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  
Name CRUMB, STANLEY JPRES.  
Address 2515 WALKERTWON AVE.  
City-State-Zip: DELTONA FL 32725

Title MGR  
Name CRUMB, JEREMY JV.PRES.  
Address 2515 WALKERTOWN AVE  
City-State-Zip: DELTONA FL 32725

Title MGR  
Name CRUMB, DEBORAH JTRES.  
Address 2515 WALKERTOWN AVE.  
City-State-Zip: DELTONA FL 32725

Title MGRM  
Name TRINKL, CHARLES FTRUSTEE  
Address 1065 PORTLAND STREET  
City-State-Zip: DELTONA FL 32725

*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:** STANLEY J. CRUMB

**PRESIDENT**

**04/07/2016**

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

\_\_\_\_\_  
Date