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

Electronic Signature of Signing Authorized Person(s) Detail

CRUMB, DEBORAH 2515 WALKERTOWN AVE

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

Authorized Person(s) Detail :

Title	MGR	Title	TRUSTEE
Name	CRUMB, STANLEY JPRES.	Name	CRUMB, NATHAN JOHN
Address	2515 WALKERTWON AVE.	Address	2515 WALKERTOWN AVE
City-State-Zip:	DELTONA FL 32725	City-State-Zip:	DELTONA FL 32725

DOCUMENT# L03000050612

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

Name and Address of Current Registered Agent:

DELTONA, FL 32725 US

Date

Certificate of Status Desired: No

04/16/2020 Date

OWNER