

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000044525**  
 1. Entity Name : **DARRELL CREWS SEPTIC TANK SERVICE "LLC"**



Principal Place of Business: **10626 JAMES CREWS RD SANDERSON, FL 32087**  
 Mailing Address: **10626 JAMES CREWS RD SANDERSON, FL 32087**



04092007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: **20-1611167** Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**CREWS, DARRELL**  
**10626 JAMES CREWS RD**  
**SANDERSON, FL 32087**

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8. 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: *Darrell Crews* DATE: **4-10-07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

U00000709190  
 04/24/07-80144-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>CREWS, JAMES DARRELL</b> <b>10626 JAMES CREWS RD</b> <b>SANDERSON, FL 32087</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>CREWS, JAMES E</b> <b>10626 JAMES CREWS RD</b> <b>SANDERSON, FL 32087</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Darrell Crews* DATE: **4-10-07** DAYTIME PHONE #: **904-259-7364**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #