

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000044525</b> 1. Entity Name <b>DARRELL CREWS SEPTIC TANK SERVICE "LLC"</b>	
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Principal Place of Business <b>10626 JAMES CREWS RD SANDERSON, FL 32087</b>	Mailing Address <b>10626 JAMES CREWS RD SANDERSON, FL 32087</b>
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05172008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1611167</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CREWS, DARRELL 10626 JAMES CREWS RD SANDERSON, FL 32087</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 <u><i>Darrell Crews</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u><i>5-25-08</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR CREWS, JAMES DARRELL 10626 JAMES CREWS RD SANDERSON, FL 32087</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM CREWS, JAMES E 10626 JAMES CREWS RD SANDERSON, FL 32087</b>
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<p>U00000949873 06/03/08-80045-025 138.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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: <u><i>DARRELL Crews</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u><i>5-25-08</i></u> <small>Date</small>	<u><i>904.923-1241</i></u> <small>Daytime Phone #</small>