

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000053775

**FILED**  
**Nov 04, 2008**  
**Secretary of State****Entity Name:** THATCRAZYCRABFACTORY, LLC**Current Principal Place of Business:**5903 NW FAVIAN AVE  
PORT ST. LUCIE, FL 34986 US**New Principal Place of Business:**1026 SW SULTAN DR  
PORT ST. LUCIE, FL 34953 US**Current Mailing Address:**5903 NW FAVIAN AVE  
PORT ST. LUCIE, FL 34986 US**New Mailing Address:**1026 SW SULTAN DR  
PORT ST. LUCIE, FL 34953 US**FEI Number:** 20-4436991**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PATEL, BAKUL  
5903 NW FAVIAN AVE  
PORT ST. LUCIE, FL 34986 US**Name and Address of New Registered Agent:**JEFFREY, BOGOS W  
1026 SW SULTAN DR  
PORT ST. LUCIE, FL 34953 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: JEFFREY BOGOS

11/04/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**Title: MGRM ( ) Delete  
Name: BOGOS, JEFFREY W  
Address: 1026 SW SULTAN DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34953 USTitle: MGRM (X) Delete  
Name: MARCANO, JUAN  
Address: 1221 SW BARGEKKE AVE  
City-St-Zip: PT ST LUCIE, FL 34953 USTitle: MGR (X) Delete  
Name: PATEL, BAKUL  
Address: 5903 NW FAVIAN AVE  
City-St-Zip: PT ST LUCIE, FL 34986 US**ADDITIONS/CHANGES:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JEFFREY BOGOS

MGR

11/04/2008

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