

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000067954

Entity Name: CRUMMEYSERVICE.COM, LLC

FILED  
Jul 18, 2008  
Secretary of State

## Current Principal Place of Business:

C/O PECK FINANCIAL  
950 PENINSULA CORPORATE CIRCLE, STE. 2010  
BOCA RATON, FL 33487

## New Principal Place of Business:

## Current Mailing Address:

C/O PECK FINANCIAL  
950 PENINSULA CORPORATE CIRCLE, STE. 2010  
BOCA RATON, FL 33487

## New Mailing Address:

FEI Number: 26-0482947

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PECK, RANDALL W  
355 SOUTH SILVER ROAD  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

PECK, RANDALL W  
355 SOUTH SILVER PALM ROAD  
BOCA RATON, FL 33432 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:

07/18/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: PECK, RANDALL W  
Address: 355 SOUTH SILVER PALM ROAD  
City-St-Zip: BOCA RATON, FL 33487

Title: MGR ( ) Delete  
Name: PIERCE, MITCHELL  
Address: 1830 S. OCEAN DRIVE  
City-St-Zip: HALLANDALE, FL 33009

## ADDITIONS/CHANGES:

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: RANDALL W. PECK

MGR

07/18/2008

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