

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # M00000001875

1. Entity Name  
STRUMPF LLC



Principal Place of Business      Mailing Address  
C/O BRUCE STRUMPF, INC.  
314 SOUTH MISSOURI AVE., SUITE 305  
CLEARWATER, FL 33756      C/O BRUCE STRUMPF, INC.  
314 SOUTH MISSOURI AVE., SUITE 305  
CLEARWATER, FL 33756

**DO NOT WRITE IN THIS SPACE**



03122005No Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
59-3666430      Not Applicable

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

6. Name and Address of Current Registered Agent

BRUCE STRUMPF, INC.  
314 SOUTH MISSOURI AVE., SUITE 305  
CLEARWATER, FL 33756

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE      MGRM  
NAME      BRUCE STRUMPF, INC.  
STREET ADDRESS      314 SOUTH MISSOURI AVE., SUITE 305  
CITY - ST - ZIP      CLEARWATER, FL 33756

TITLE      MGRM  
NAME      MERRCANN, INC.  
STREET ADDRESS      197 EIGHTH STREET, SUITE 800  
CITY - ST - ZIP      BOSTON, MA 02129

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

U00000264397  
03/16/05-80015-008 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] J.L. Strumpf  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/14/05      727-449-2020  
Date      Daytime Phone #