

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # M00000001875

1. Entity Name
STRUMPF LLC



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

Mailing Address
**C/O BRUCE STRUMPF, INC.
314 SOUTH MISSOURI AVE., SUITE 305
CLEARWATER, FL 33756**



03262006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3666430

Applied For
Not Applicable

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

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
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CITY-ST-ZIP

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04/12/06 80035-012 50.00

**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 60B, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Bruce Strumpf

3/27/06

727-449-2020

Date

Daytime Phone #