


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 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



03182008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3666430	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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
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05/23/08-80101-012 138.75

**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 608, Florida Statutes.

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

4/27/08 **727-4472020**
Date Daytime Phone #