

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001875

Entity Name: STRUMPF LLC

FILED  
Jun 30, 2009  
Secretary of State

## Current Principal Place of Business:

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

## Current Mailing Address:

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

## New Principal Place of Business:

C/O BRUCE STRUMPF, INC.  
2120 DREW STREET  
CLEARWATER, FL 33765

## New Mailing Address:

C/O BRUCE STRUMPF, INC.  
2120 DREW STREET  
CLEARWATER, FL 33765

FEI Number: 59-3666430

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

BRUCE STRUMPF, INC.  
2120 DREW STREET  
CLEARWATER, FL 33765 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: JILL STRUMPF

06/30/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BRUCE STRUMPF, INC.  
Address: 314 SOUTH MISSOURI AVE., SUITE 305  
City-St-Zip: CLEARWATER, FL 33756

Title: MGRM ( ) Delete  
Name: MERRCANN, INC.  
Address: 197 EIGHTH STREET, SUITE 800  
City-St-Zip: BOSTON, MA 02129

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BRUCE STRUMPF, INC.  
Address: 2120 DREW STREET  
City-St-Zip: CLEARWATER, FL 33765

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: JILL STRUMPF

MGR

06/30/2009

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