


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90047 043 \*\*\*138.75

**DOCUMENT # L07000019448**

1. Entity Name  
**SCRAP,PAPER & SCISSORS,LLC**



Principal Place of Business  
**626 WESTERN BLVD.  
 LAKE PLACID, FL 33852-2315 US**

Mailing Address  
**626 WESTERN BLVD.  
 LAKE PLACID, FL 33852-2315 US**



2. Principal Place of Business - No P.O. Box #  
**251 E. Interlake Blvd.**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Lake Placid, FL**

City & State

Zip  
**33852**

Country  
**USA**

01152008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**45-0553384**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GLOVER, JENNIFER D  
 626 WESTERN BLVD.  
 LAKE PLACID, FL 33852-2315**

**7. Name and Address of New Registered Agent**

Name:

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_

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

Make check payable to  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLOVER, JENNIFER D 626 WESTERN BLVD. LAKE PLACID, FL 338522315	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALDWIN, LISA 1155 MACAW AVENUE LAKE PLACID, FL 33852	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jennifer Glover* Date: *1/30/08* Daytime Phone #: *863-465-5317*