

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000083625

**Entity Name:** SCOTT G. NELSON, LLC

**Current Principal Place of Business:**

5395 CHURCH ROAD  
LOT C  
ST. AUGUSTINE, FL 32092

**Current Mailing Address:**

5395 CHURCH ROAD  
LOT C  
ST. AUGUSTINE, FL 32092

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MARTIN, SONNY  
5150 BELFORT RD  
BUILDING 400  
JACKSONVILLE, FL 32256 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name NELSON, SCOTT G  
Address 5395 CHURCH RD LOT C  
City-State-Zip: SAINT AUGUSTINE FL 32092

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SCOTT NELSON

**MANAGER**

**01/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date