

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000080595

**Entity Name:** SCRAP MONSTER BOUTIQUE, L.L.C

**Current Principal Place of Business:**

1610 14TH STREET  
ORANGE CITY, FL 32763

**Current Mailing Address:**

1610 14TH STREET  
ORANGE CITY, FL 32763 US

**FEI Number:** 26-0663033

**Certificate of Status Desired:** No

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

BILLINGS, MARGARET D  
1610 14TH STREET  
ORANGE CITY, FL 32763 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 BILLINGS, MARGARET D  
Address 1610 14TH STREET  
City-State-Zip: ORANGE CITY FL 32763

Title MGR  
Name BILLINGS, DYSON  
Address 1610 14TH STREET  
City-State-Zip: ORANGE CITY FL 32763

*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:** DYSON BILLINGS

MGR

04/23/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date