

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000019734

**Entity Name:** SCRAP KING LLC

**Current Principal Place of Business:**

5002 DOVER STREET  
TAMPA, FL 33619

**Current Mailing Address:**

5002 DOVER STREET  
TAMPA, FL 33619 US

**FEI Number:** 26-2070517

**Certificate of Status Desired:** No

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

GREGORY, ALEXANDER C  
5002 DOVER STREET  
TAMPA, FL 33619 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            PRESIDENT  
Name            GREGORY, ALEXANDER C  
Address        5002 DOVER STREET  
City-State-Zip: TAMPA FL 33619

Title            VP  
Name            HENDERSON, TIM  
Address        5002 DOVER STREET  
City-State-Zip: TAMPA FL 33619

Title            VP  
Name            ZALKIN, MAX  
Address        5002 DOVER STREET  
City-State-Zip: TAMPA FL 33619

Title            MANAGER  
Name            GORNALL, STUART  
Address        5002 DOVER STREET  
City-State-Zip: TAMPA FL 33619

Title            AUTHORIZED MEMBER  
Name            GREGORY, LARRY  
Address        5002 DOVER STREET  
City-State-Zip: TAMPA FL 33619

*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:** STUART GORNALL

**MANAGER**

**01/16/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date