**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 30, 2014**
**Secretary of State**
**CC2033109698**

DOCUMENT# L08000054095

**Entity Name:** SCOTTY'S FINISH CARPENTRY, LLC

**Current Principal Place of Business:**

1425 SE 43RD STREET
CAPE CORAL, FL 33904

**Current Mailing Address:**

1425 SE 43RD STREET
CAPE CORAL, FL 33904

**FEI Number: 26-2730812**

**Certificate of Status Desired:** No

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

MCNEILL, SCOTT TMEMBER
1425 SE 43RD STREET
CAPE CORAL, FL 33904 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 | MGRM | Title | AUTHORIZED MEMBER |
| Name | MCNEILL, SCOTT | Name | LUGO, FERNANDO J |
| Address | 1425 SE 43RD STREET | Address | 4114 SE 3RD AVE. |
| City-State-Zip: | CAPE CORAL FL 33904 | City-State-Zip: | CAPE CORAL FL 33904 |

| | |
|---|---|
| Title | AUTHORIZED MEMBER |
| Name | MCNEILL, MARK F |
| Address | 1425 SE 43RD STREET |
| City-State-Zip: | CAPE CORAL FL 33904 |

*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 MCNEILL MGRM 04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date