2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2013
Secretary of State
CC2130540560

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Entity Name: SCRUBS BUS, LLC

Current Principal Place of Business:

1065 EAST STORY ROAD
WINTER GARDEN, FL 34787

Current Mailing Address:

1065 EAST STORY ROAD
WINTER GARDEN, FL 34787 US

FEI Number: 26-4156667

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAGNUSON, JAMES
1065 EAST STORY ROAD
WINTER GARDEN, FL 34787 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
Name	MAGNUSON, JAMES
Address	1065 EAST STORY ROAD
City-State-Zip:	WINTER GARDEN FL 34787

Title	MGRM
Name	DANIEL, MARK
Address	6509 STONINGTON DR., SO.
City-State-Zip:	TAMPA FL 33627

Title	MGRM
Name	CARRICO, JANET L
Address	8246 TANSY DRIVE
City-State-Zip:	ORLANDO FL 32819

Title	MANAGING MEMBER
Name	CROFOOT, KYLE M
Address	2205 LAKESIDE DR.
City-State-Zip:	ORLANDO FL 32803

Title	MGRM
Name	CROFOOT, KROY
Address	9903 GIFFIN CT.
City-State-Zip:	ORLANDO FL 34786

Title	MGRM
Name	CARRICO, JOHN D
Address	8246 TANSY DRIVE
City-State-Zip:	ORLANDO FL 32819

Title	MANAGING MEMBER
Name	CLINE, KIM R
Address	5948 CHESAPEAKE PARK
City-State-Zip:	ORLANDO FL 32819

Title	MANAGING MEMBER
Name	DANIEL, KELLY J
Address	6509 STONINGTON DR. S.
City-State-Zip:	TAMPA FL 33647

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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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KROY CROFOOT MGRM 03/06/2013

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

Authorized Person(s) Detail Continued :

Title MANAGING MEMBER
Name CROFOOT, CHAS M
Address 9903 GIFFIN CT
City-State-Zip: WINDERMERE FL 34786

Title MANAGING MEMBER
Name CROFOOT, CLAYTON J
Address 524 W. HAZEL ST.
City-State-Zip: ORLANDO FL 32804

Title MANAGING MEMBER
Name CROFOOT, KYLE J
Address 9903 GIFFIN CT.
City-State-Zip: WINDERMERE FL 34786

Title MANAGING MEMBER
Name MAGNUSON, TRAVIS
Address 823 PRINCETON DR.
City-State-Zip: CLERMONT FL 34711

Title MANAGING MEMBER
Name MAGNUSON, ABBY C
Address 9844 LAUREL VALLEY DR.
City-State-Zip: WINDERMERE FL 34786

Title MANAGING MEMBER
Name CROFOOT, IVAN E
Address 9903 GIFFIN CT.
City-State-Zip: WINDERMERE FL 34786

Title MANAGING MEMBER
Name CROFOOT, JOHN W
Address 9903 GIFFIN CT.
City-State-Zip: WINDERMERE FL 34786

Title MANAGING MEMBER
Name MAGNUSON, TAYLER
Address 9644 LAUREL VALLEY DR.
City-State-Zip: WINDERMERE FL 34786

Title MANAGING MEMBER
Name MAGNUSON, CLINTON J
Address 3687 FALLSCREST CIR
City-State-Zip: CLERMONT FL 34711