

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000070315

**Entity Name:** SCENIC POINTE, LLC

**Current Principal Place of Business:**

827 SCENIC POINTE  
PRESCOTT, AZ 86303

**Current Mailing Address:**

DAVID A HOLMES, ESQ.  
99 NESBIT STREET  
PUNTA GORDA, FL 33950

**FEI Number:** 27-3009652

**Certificate of Status Desired:** No

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

HOLMES, DAVID A  
FARR,FARR,EMERICH,HACKETT AND CARR, P.A.  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 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	MGRM
Name	HAENRAETS, HUBERTUS M	Name	HAENRAETS, SANDRA J
Address	827 SCENIC POINTE	Address	827 SCENIC POINTE
City-State-Zip:	PRESCOTT AZ 86303	City-State-Zip:	PRESCOTT AZ 86303

*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:** SANDRA J. HAENRAETS

**MANAGER**

**04/05/2013**

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

\_\_\_\_\_  
Date