

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000006292

1. Entity Name

TEAM SCOTT LLC



Principal Place of Business

14307 LAUREL TR
WELLINGTON FL 33414

Mailing Address

W308 57010 HWY I
MUKWONAGO WI 53149



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

58-2548825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

F & L CORP
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEOS
JOSEPH JAY SCOTT
W308 57010 HWY I
MUKWONAGO WI 53149 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PT.
SCOTT, CAROLYN J.
W308 57010 HWY I
MUKWONAGO WI 53149 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
- ☐ Delete

TITLE
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CITY - ST - ZIP
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
- ☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP
- ☐ Change ☐ Addition

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000000817540
02/15/08-80011-003 138.75

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CITY - ST - ZIP
- ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/1/08

Date

2624247940

Day/1st & Phone #