S02277900523

10/2/2002-90117-008-$50.00-$50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019608

1. Entity Name

SCULLY BROTHERS, LLC

FILED
02 OCT 22 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
123 FORRESTER PLACE PALM COAST FL 32137	123 FORRESTER PLACE PALM COAST FL 32137

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
132 PALM COAST PKWY NE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM COAST, FL	City & State
Zip: 32137 / Country: USA	Zip / Country

4. FEI Number 59-3760797 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NOWELL, SIDNEY M 4B OLD KINGS ROAD NORTH PALM COAST FL 32137	Name: JOHN P. SCULLY Street Address (P.O. Box Number Is Not Acceptable): 132 PALM COAST PKWY NE City: PALM COAST FL Zip Code: 32137

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] DATE 9/25/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SCULLY, JOHN 123 FORRESTER PLACE PALM COAST FL 32137 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (4/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED [signature] 9/25/02 386.445 3889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #