

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029315

Entity Name: SCAG, LLC

FILED  
Mar 20, 2009  
Secretary of State

**Current Principal Place of Business:**

4300 SUMMER BREEZE TERRACE  
VERO BEACH, FL 32967

**New Principal Place of Business:**

**Current Mailing Address:**

4300 SUMMER BREEZE TERRACE  
VERO BEACH, FL 32967

**New Mailing Address:**

FEI Number: 02-0659609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GIVEN, KEVIN  
4300 SUMMER BREEZE TERRACE  
VERO BEACH, FL 32967 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GIVEN, KEVIN  
Address: 4300 SUMMER BREEZE TERRACE  
City-St-Zip: VERO BEACH, FL 32967

Title: MGRM ( ) Delete  
Name: CORR, TOM  
Address: 1265 LITTLE HARBOUR LN  
City-St-Zip: VERO BEACH, FL 32963 US

Title: MGRM ( ) Delete  
Name: SLOSS, RAY  
Address: 1009 CRESCENT TRAIL  
City-St-Zip: HIGHLANDS, NC 28741 US

Title: MGRM ( ) Delete  
Name: ALDERMAN, FRANK  
Address: 605 VALLEY VIEW DRIVE  
City-St-Zip: MORGANTOWN, WV 26505

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: KEVIN J GIVEN

MGR

03/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date