

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L03000024078

1. Entity Name  
SHERIDAN LAND DEVELOPMENT, LLC



Principal Place of Business

7321 HEMLOCK LANE  
SARASOTA, FL 34241 US

Mailing Address

7321 HEMLOCK LANE  
SARASOTA, FL 34241 US



03302007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

55-0843328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, MILLIE A  
7321 HEMLOCK LANE  
SARASOTA, FL 34241

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME SCOTT, BRADLEY R  
STREET ADDRESS 140 BEECHWOOD DRIVE  
CITY-ST-ZIP BEAVER, WV 25813

TITLE MGRM  
NAME SCOTT, BRYAN F  
STREET ADDRESS 4873 ASHTON ROAD  
CITY-ST-ZIP SARASOTA, FL 34233

TITLE MGRM  
NAME STRUNK, REBECCA E  
STREET ADDRESS 2081 OLD PINE WAY  
CITY-ST-ZIP SARASOTA, FL 34232

TITLE MGRM  
NAME SCOTT, BRET W  
STREET ADDRESS 4970 MCINTOSH ROAD  
CITY-ST-ZIP SARASOTA, FL 34233

TITLE MGRM  
NAME SCOTT, JOHN R  
STREET ADDRESS 7321 HEMLOCK LANE  
CITY-ST-ZIP SARASOTA, FL 34241

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000724782  
05/02/07-80125-018 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/19/07 704-160-0257