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May 06, 2005 8:00 am
Secretary of State
05-06-2005 90031 014 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000027960

1. Entity Name
SCOOPS II, LLC

Principal Place of Business
93 CENTRAL AVENUE
ST. PETERSBURG, FL 33701-3930

Mailing Address
93 CENTRAL AVENUE
ST. PETERSBURG, FL 33701-3930

02072005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2391945
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA, P.A.~~
~~1840 SW 22ND ST.~~
~~4TH FLOOR~~
~~MIAMI, FL 33145~~

MARTIN GOODMAN
55 DOLPHIN DR.
TREASURE ISLAND, FL 33706

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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] 05/01/05
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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GOODMAN, MILLICENT
STREET ADDRESS	93 CENTRAL AVENUE
CITY-ST-ZIP	ST. PETERSBURG, FL 337013930
TITLE	MGR
NAME	GOODMAN, MARTIN
STREET ADDRESS	93 CENTRAL AVENUE
CITY-ST-ZIP	ST. PETERSBURG, FL 337013930
TITLE	S
NAME	GOODMAN, MARTIN
STREET ADDRESS	93 CENTRAL AVENUE
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TITLE	T
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CITY-ST-ZIP	ST. PETERSBURG, FL 337013930
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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] 05/01/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #