

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**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**



03042006 No Chg-LLC

CR2E083 (11/05)

**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**

**GOODMAN, MARTIN  
55 DOLPHIN DR  
TREASURE ISLAND, FL 33708**

**DO NOT WRITE  
IN THIS SPACE**

6. 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 reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000481924  
04/11/06-80054-009 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 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 #

**3/24/06 777-367-795**