

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90348 012 \*\*\*\*50.00

**DOCUMENT # L03000032725**

1. Entity Name  
**BLACK ORCHID, LLC**



Principal Place of Business  
**2951 BETHANY PLACE  
CLEARWATER, FL 33759 US**

Mailing Address  
**2951 BETHANY PLACE  
CLEARWATER, FL 33759 US**

**60034039**



2. Principal Place of Business - No P.O. Box #  
**1370 Gulf Blvd.**

3. Mailing Address  
**1370 Gulf Blvd.**

Suite, Apt. #, etc.  
**Apt. 404**

Suite, Apt. #, etc.  
**Apt. 404**

03122007 Chg-LLC CR2E083 (12/06)

City & State  
**Clearwater, FL**

City & State  
**Clearwater, FL**

4. FEI Number  
**20-0186870**

Applied For  
Not Applicable

Zip Country  
**33767 US**

Zip Country  
**33767 US**

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

**SCOFIELD, FRED  
2951 BETHANY PLACE  
CLEARWATER, FL 33759**

Name  
**Scotfield Fred**  
Street Address (P.O. Box Number is Not Acceptable)  
**1370 Gulf Blvd.**  
**Apt. 404**  
City  
**Clearwater** FL Zip Code  
**33767**

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 *Fred Scotfield*  
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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
SCOFIELD, FRED  
2951 BETHANY PLACE  
CLEARWATER, FL 33759** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
Scotfield, Fred  
1370 Gulf Blvd. Apt 404  
Clearwater, FL 33767** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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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 606, Florida Statutes.

SIGNATURE: *Fred Scotfield*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #