2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
08 JUL 30 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000049092

1. Entity Name
SCENIC INTERIORS LLC

Principal Place of Business	Mailing Address
48 WEST CENTRAL AVENUE LAKE WALES, FL 33853	48 WEST CENTRAL AVENUE LAKE WALES, FL 33853

DO NOT WRITE IN THIS SPACE

07232008No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-0482603

☐ 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

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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RUTHERFORD, CHARLES E
STREET ADDRESS	48 WEST CENTRAL AVENUE
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	ST
NAME	RUTHERFORD, CHARLES E
STREET ADDRESS	48 WEST CENTRAL AVENUE
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/06/08--01009--004 **138.75

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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 608, Florida Statutes.

SIGNATURE: Charles E Rutherford 7-24-08 863-284-9512
SIGNATURE AND TITLE OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

PAGE 04