


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000051756	
1. Entity Name THOMAS SCOTT, LLC	

FILED
Jul 16, 2008 08:00 AM
Secretary of State

Principal Place of Business 339 ALEXANDER ROAD LAMONT, FL 32336	Mailing Address 339 ALEXANDER ROAD LAMONT, FL 32336
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DO NOT WRITE IN THIS SPACE

05062008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number 20-0487987	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SCOTT, THOMAS B SR 339 ALEXANDER ROAD LAMONT, FL 32336

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCOTT, THOMAS B SR. 339 ALEXANDER ROAD LAMONT, FL 32336
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07/16/08-80001-010 543.75

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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: Thomas B. Scott, Sr. **7/14/08** **850-997-5336**

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