

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90133 029 ****50.00

DOCUMENT # L04000000295

1. Entity Name
SCRUB-A-DUB-DUB LLC



Principal Place of Business
**2065 NE 54TH ST
OCALA, FL 34478**

Mailing Address
**PO BOX 831061
MARION, FL 34483**

2. Principal Place of Business - No P.O. Box #

2065 N.E. 54TH ST

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 831061

Suite, Apt. #, etc.



02222007 Chg-LLC CR2E083 (12/06)

City & State

OCALA, FL.

City & State

OCALA, FL.

4. FEI Number

41-2117559

Applied For

Not Applicable

Zip

34478

Country

MARION

Zip

34483

Country

MARION

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KAPPEL, PATRICIA M
2065 NE 54TH ST
OCALA, FL 34478**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**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

**MGRM
KAPPEL, PATRICIA M
2065 NE 54TH ST
OCALA, FL 34478**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Patricia M. Kappel

3-4-07