

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000007347**

1. Entity Name  
**SCIME CONSTRUCTION, LLC**



Principal Place of Business  
**27021 ARROWBROOK WAY  
WESLEY CHAPEL, FL 33543**

Mailing Address  
**27021 ARROWBROOK WAY  
WESLEY CHAPEL, FL 33543**



01182006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**32-0106008**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SUDNAK, ANN M  
27021 ARROWBROOK WAY  
WESLEY CHAPEL, FL 33543**

**DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

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

U00000423321  
02/18/06-80002-025 50.00

**DO NOT WRITE  
IN THIS SPACE**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
SCIME, MARK S  
4702 TRAVERTINE DRIVE  
TAMPA, FL 33615**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
SCIME, TODD  
4706 N THATCHER AVE  
TAMPA, FL 33614**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
SUDACK, PAUL  
27021 ARROWBROOK WAY  
WESLEY CHAPEL, FL 33543**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
MASACOTTI, JOE  
5904 HAMMOCK WOODS DR  
ODESSA, FL 33556**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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:** *Todd Scime*

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

*C.E.O.*

Date

Daytime Phone #

*2/1/06 813+872+7168*