

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007347

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: SCIME CONSTRUCTION, LLC

**Current Principal Place of Business:**

27021 ARROWBROOK WAY  
WESLEY CHAPEL, FL 33543

**New Principal Place of Business:**

**Current Mailing Address:**

27021 ARROWBROOK WAY  
WESLEY CHAPEL, FL 33543

**New Mailing Address:**

FEI Number: 32-0106008

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCIME, TODD  
5547 FOXTAIL CT  
WESLEY CHAPEL, FL 33543 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SCIME, MARK S  
Address: 4702 TRAVERTINE DRIVE  
City-St-Zip: TAMPA, FL 33615 US

Title: MGR ( ) Delete  
Name: SCIME, TODD  
Address: 4706 N THATCHER AVE  
City-St-Zip: TAMPA, FL 33614

Title: MGR ( ) Delete  
Name: SUDACK, PAUL  
Address: 27021 ARROWBROOK WAY  
City-St-Zip: WESLEY CHAPEL, FL 33543

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

04/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date