


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90053 015 ****50.00

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|--|--|---------|--|---|--|
| DOCUMENT # L04000058309 | | | |  | |
| 1. Entity Name SCORMBER ENTERPRISES, LLC | | | | | |
| Principal Place of Business 6213 RIVER FRUIT COURT WINDERMERE, FL 34786 | | | Mailing Address 6213 RIVER FRUIT COURT WINDERMERE, FL 34786 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | Country | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| IMBER, JEFFREY W 6213 RIVER FRUIT COURT WINDERMERE, FL 34786 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | | |
| Make check payable to Florida Department of State | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR IMBER, JEFFREY W 6213 RIVERFRUIT COURT WINDERMERE, FL 34786 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SCORZELLI, RHONDA I 524 PICKFAIR TERRACE LAKE MARY, FL 32746 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | | | | |
| 10. ADDITIONS/CHANGES | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition | | | | |
| TITLE NAME 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 exemption stated in Section 119.07(3)(i), 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 # | | | | | |