

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 12, 2005 8:00 am
Secretary of State

05-12-2005 90029 028 ****50.00

DOCUMENT # L04000062277

1. Entity Name

SCOTT R. TEATER, LLC



Principal Place of Business

57 HOWARD DRIVE
LOT F
PENSACOLA FL 32503
US

Mailing Address

57 HOWARD DRIVE
LOT F
PENSACOLA FL 32503
US

20058623



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

335 Vera Ln

Suite, Apt. #, etc.

B

3. Mailing Address

335 Vera Ln

Suite, Apt. #, etc.

B

City & State

Pensacola, FL

City & State

Pensacola, FL

4. FEI Number

519-04-4801

Applied For

Not Applicable

Zip

32514

Country

USA

Zip

32514

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TEATER, SCOTT R
57 HOWARD DRIVE
LOT F
PENSACOLA FL 32503

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME TEATER, SCOTT R
STREET ADDRESS 57 HOWARD DRIVE, LOT F
CITY-ST-ZIP PENSACOLA FL 32503

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Scott Teater

Scott Teater

4-15-05

(850)417-0148

Date

Daytime Phone #