## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000062951

1. Entity Name SCHERER BUILDERS, LLC



FILED May 15, 2008 08:00 Al Secretary of State

Principal Place of Business

2152 14TH CIRCLE NORTH ST. PETERSBURG, FL 33713 Mailing Address

2152 14TH CIRCLE NORTH ST. PETERSBURG, FL 33713



01212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-1686713

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOLCOMB, VICTOR W 201 N ARMENIA TAMPA, FL 33609

## DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of chathe obligations of registered agent.</li></ol>	anging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and ad	ccept
SIGNATURE	(NOTE: Registered Agant signature required when reinstating)	DATE	_
FILE NOW!!! FEE IS \$138.75			

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

<u>.</u>	IVIAITAGING WEWBENS WANAGENS
TITLE	MGRM
NAME	SCHERER HOLDINGS, LLC
STREET ADDRESS	2152 14TH CIRCLE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33713
TITLE	
NAME	
STREET ADDRESS	
CITY-\$1-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<u></u>
11   hereby o	certify that the information supplied with this filling does not qualify for the ex-

MANAGING MEMBERS/MANAGERS

000000951214 06/04/08-80025-002 538.75

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 meyeceiver 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #