

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L04000074144	
1. Entity Name SCHERER I, LLC	
Principal Place of Business 107 HAMPTON ROAD, STE. 190 CLEARWATER, FL 33759	Mailing Address 107 HAMPTON ROAD, STE. 190 CLEARWATER, FL 33759



02072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0946041

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

**HINES, BRAD
100 SECOND AVE SOUTH
SUITE 301N
SAINT PETERSBURG, FL 33701**

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

000000846842
03/19/08-80036-024 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHERER, JOHN C 107 HAMPTON ROAD, STE. 190 CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHERER, CLARK H III 107 HAMPTON ROAD, STE. 190 CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHERER, DAVID K 107 HAMPTON ROAD, STE. 190 CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWARD, CHRISTOPHER S 107 HAMPTON ROAD, STE. 190 CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

02/19/08