

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90280 010 ****55.00

DOCUMENT # L04000076998 1. Entity Name S-CENTRAL GROUP, LLC			
Principal Place of Business P.O. BOX 351990 PALM COAST, FL 32135 US		Mailing Address P.O. BOX 351990 PALM COAST, FL 32135 US	
2. Principal Place of Business 138 Palm Coast Pkwy N.E. Suite, Apt. #, etc. Suite 327 City & State Palm Coast, FL Zip 32137 Country US		3. Mailing Address 138 Palm Coast Pkwy N.E. Suite, Apt. #, etc. Suite 327 City & State Palm Coast, FL Zip 32137 Country US	
4. FEI Number 20-1800786		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		01262005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent LEGALZOOM NEVADA, INC. 44 W. FLAGLER ST. SUITE 675 MIAMI, FL 33130		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MELTON, BRENDA L P.O. BOX 351990 PALM COAST, FL 32135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR melton, Brenda L 138 Palm Coast Parkway N.E., Suite 327 Palm Coast, FL 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MELTON, ERIK H P.O. BOX 351990 PALM COAST, FL 32135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR melton, Erik 138 Palm Coast Parkway N.E., Suite 327 Palm Coast, FL 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: <u>Brenda Melton, managing member</u> 1/26/05 (888)237-9470 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			