

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L04000076998

1. Entity Name  
S-CENTRAL GROUP, LLC



Principal Place of Business  
138 PALM COAST PKWY NE  
STE 327  
PALM COAST, FL 32137 US

Mailing Address  
138 PALM COAST PKWY NE  
STE 327  
PALM COAST, FL 32137 US

**DO NOT WRITE IN THIS SPACE**

**FILED  
May 10, 2006 8:00 am  
Secretary of State**

05-10-2006 90016 016 \*\*\*\*50.00



02172006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1800786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

LEGALZOOM NEVADA, INC.  
44 W. FLAGLER ST.  
SUITE 675  
MIAMI, FL 33130

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee Is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	M6Rm
NAME	MELTON, BRENDA L	
STREET ADDRESS	138 PALM COAST PKWY NE, STE 327	
CITY-ST-ZIP	PALM COAST, FL 32137	

TITLE	MGR	M6R
NAME	MELTON, ERIK	
STREET ADDRESS	138 PALM COAST PKWY NE, STE 327	
CITY-ST-ZIP	PALM COAST, FL 32137	

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CITY-ST-ZIP		

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: *by: Brenda Melton - BRENDA MELTON 4/30/06 888-237-9470***

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

Date

Daytime Phone #

**DO NOT WRITE  
IN THIS SPACE**