

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000083428

**FILED**  
**Apr 10, 2011**  
**Secretary of State**

**Entity Name:** SCOLA ENTERPRISES, LLC

**Current Principal Place of Business:**

60 N. SADDLETREE LANE  
N. BARRINGTON, IL 60010 US

**New Principal Place of Business:**

**Current Mailing Address:**

60 N. SADDLETREE LANE  
N. BARRINGTON, IL 60010 US

**New Mailing Address:**

**FEI Number:** 20-1888477

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCOLA, GINO  
1223 ANDALUSIA BLVD  
CAPE CORAL, FL 33909 US

**Name and Address of New Registered Agent:**

SCOLA, GINO  
9521 MARINERS COVE LANE  
FT. MYERS, FL 33919 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/10/2011

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCOLA, GINO  
Address: 9521 MARINERS COVE LANE  
City-St-Zip: FT. MYERS, FL 33919

Title: MGRM  
Name: SCOLA, THERESA A  
Address: 9521 MARINERS COVE LANE  
City-St-Zip: FT. MYERS, FL 33919

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: GINO SCOLA

MGRM

04/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date