

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087794

Entity Name: F & B SCHOLZ, LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

1027 S.E. 50TH TERRACE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

1027 S.E. 50TH TERRACE
OCALA, FL 34471

New Mailing Address:

FEI Number: 30-0287316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOLZ, BARBARA
1027 S.E. 50TH TERRACE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHOLZ, BARBARA
Address: 1027 S.E. 50TH TERRACE
City-St-Zip: OCALA, FL 34471

Title: MGR () Delete
Name: SCHOLZ, FRANK
Address: 1027 S.E. 50TH TERRACE
City-St-Zip: OCALA, FL 34471

Title: MGR () Delete
Name: COURTNEY, SCHOLZ M
Address: 1027 SE 50TH TERRACE
City-St-Zip: OCALA, FL 34471

Title: MGR () Delete
Name: DEREK, SCHOLZ L
Address: 1027 SE 50TH TERR
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: BARBARA SCHOLZ

MGR

04/14/2009

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