

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000087794

Entity Name: F & B SCHOLZ, LLC

**FILED**  
**Mar 06, 2010**  
**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  
Name: SCHOLZ, BARBARA  
Address: 1027 S.E. 50TH TERRACE  
City-St-Zip: OCALA, FL 34471

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

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

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

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: BARBARA SCHOLZ

MGR

03/06/2010

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