

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000003302

Entity Name: SCOVILL & SCOVILL, PLC

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1605 MAIN STREET  
SUITE 912  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

**Current Mailing Address:**

1605 MAIN STREET  
SUITE 912  
SARASOTA, FL 34236 US

**New Mailing Address:**

FEI Number: 20-8920603

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAW OFFICES OF H. WILLIAM SCOVILL, P.A.  
1605 MAIN STREET  
SUITE 912  
SARASOTA, FL 34236 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: MGRM  
Name: THE LAW OFFICES OF H. WILLIAM SCOVILL, P.A.  
Address: 1605 MAIN STREET, SUITE 912  
City-St-Zip: SARASOTA, FL 34236 US

Title: MGRM  
Name: SCOVILL, BART  
Address: 1605 MAIN STREET, SUITE 912  
City-St-Zip: SARASOTA, FL 34236 US

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: BART SCOVILL

MGRM

04/27/2011

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