

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90122 031 ****50.00

DOCUMENT # L0500C12015

1. Entity Name

SCANLOON, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6793 TEQUESTA DRIVE

Suite, Apt. #, etc

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SEMINOLE, FL

Zip

Country

33777

City & State

Zip

Country

4. FEI Number
20-1960111

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Michael R. Scanlon

Street Address (P.O. Box Number is Not Acceptable)

6793 TEQUESTA DR

SEMINOLE

City

FL

Zip Code

33777

**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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MICHAEL SCANLON 6793 TEQUESTA DRIVE SEMINOLE, FL 33777	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Michael R. Scanlon

3/25/07

813-274-8105

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

Date

Daytime Phone #

CFR20835 (12/02)