


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000014484		
1. Entity Name SCOTT D. CAULEY LC		

Principal Place of Business 3377 WOODHILL DR. TALLAHASSEE, FL 32303	Mailing Address 3377 WOODHILL DR. TALLAHASSEE, FL 32303
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
08 MAY 27 AM 10:38

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



05272008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent  CAULEY, SCOTT D 3377 WOODHILL DR. TALLAHASSEE, FL 32303	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAULEY, SCOTT D 3377 WOODHILL DR. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800131091218 06/10/08--01007--011 **138.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date _____ Daytime Phone # _____