

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017705

FILED
Mar 20, 2009
Secretary of State

Entity Name: SCL FAMILY SHARE, LLC

Current Principal Place of Business:

5224 MICHIGAN AVENUE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

5224 MICHIGAN AVENUE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 20-2346349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOUISE SHELTON, MICHELLE
5224 MICHIGAN AVENUE
SANFORD, FL 32771 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 () Delete
Name: SHELTON, MATTHEW M
Address: 5224 MICHIGAN AVENUE
City-St-Zip: SANFORD, FL 32771

Title: MGRM () Delete
Name: SHELTON, MICHELLE L
Address: 5224 MICHIGAN AVENUE
City-St-Zip: SANFORD, FL 32771

Title: MGR () Delete
Name: CARR, JOHN L
Address: 10645 EMERALD AVENUE
City-St-Zip: LEESBURG, FL 34788

Title: MGR () Delete
Name: CARR, REBECCA A
Address: 10645 EMERALD AVENUE
City-St-Zip: LEESBURG, FL 34788

Title: MGR () Delete
Name: LANE, WILLIAM S
Address: 1758 COUNTRY WALK DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: MGR () Delete
Name: LANE, PENNY L
Address: 1758 COUNTRY WALK DRIVE
City-St-Zip: ORANGE PARK, FL 32003

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:

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: MICHELLE SHELTON

MGRM

03/20/2009

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