

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017705

Entity Name: SCL FAMILY SHARE, LLC

FILED  
May 01, 2012  
Secretary of State

**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  
Name: SHELTON, MATTHEW M  
Address: 5224 MICHIGAN AVENUE  
City-St-Zip: SANFORD, FL 32771

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

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

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

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

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

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: MICHELLE SHELTON

MRS

05/01/2012

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