

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036108

Entity Name: S & C TRUST L.L.C.

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

205 SOUTH HOOVER STREET, SUITE 400
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

205 SOUTH HOOVER STREET, SUITE 400
TAMPA, FL 33609

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, J. STYLES ESQ.
205 SOUTH HOOVER STREET, SUITE 400
TAMPA, FL 33609 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: CARTER, SHIRLEY ANN
Address: 205 SOUTH HOOVER STREET, SUITE 400
City-St-Zip: TAMPA, FL 33609

Title: MGR () Delete
Name: THATCHER, CAROLYN E
Address: 205 S. HOOVER #400
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

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: SHIRLEY A CARTER

MGMR

03/31/2009

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