

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # L05000039939

1. Entity Name
SITE SCENE LLC



Principal Place of Business
**6025 FROGGATT ST
ORLANDO, FL 32835 US**

Mailing Address
**6025 FROGGATT ST
ORLANDO, FL 32835 US**



04032007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2704457

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GORE, STEPHANIE
6025 FROGGATT ST
ORLANDO, FL 32835**

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GORE, STEPHANIE
6025 FROGGATT ST
ORLANDO, FL 32835**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LARGE, JODI
15 WYNNEWOOD AVE
WESTMONT, NJ 08108**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CATOLOS, KIM
2868 MCNAIR AVE.
SAINT LOUIS, MO 63118**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SYVERSEN, STACY
2695 MORNINGSIDE RD
LONG LAKE, MN 55356**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LIND, BETTY
8818 55 CT EAST
PARISH, FL 34219**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MANAGING MEMBER 4/3/07 321-436-3524