

FROM :Felden and Felden

FAX NO. :2392631165

FILED
Sep 13, 2006 8:00 am
Secretary of State

09-13-2006 90046 037 ****55.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000077163					
1. Entity Name FRANK'S SCRATCH PRO PLUS, LLC					
Principal Place of Business P.O. BOX 1933 MARCO ISLAND, FL 34146			Mailing Address P.O. BOX 1933 MARCO ISLAND, FL 34146		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 203275024	
				Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				09082006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent FELDEN, CHRISTIAN B ESQ. 3838 TAMiami TRAIL NORTH, SUITE 416 NAPLES, FL 34103				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 reappointing)					
DATE _____					
Filing Fee is \$50.00 Due by September 15, 2006			State Seal of the Secretary of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
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: _____			Date: 9-11-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		

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