# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L05000078285**

1. Entity Name
SCOCOR, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 3755 FALLSCREST CIRCLE<br>CLERMONT, FL  34711 | 3755 FALLSCREST CIRCLE<br>CLERMONT, FL  34711 |

**DO NOT WRITE IN THIS SPACE**

02062007 No Chg-LLC          CR2E083 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 55-0894392 | Not Applicable |

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

**6. Name and Address of Current Registered Agent**

BIDDLE, JEFFREY C
3755 FALLSCREST CIRCLE
CLERMONT, FL  34711

**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 | MGR |
| NAME | BIDDLE, JEFFREY C |
| STREET ADDRESS | 3755 FALLSCREST CIRCLE |
| CITY-ST-ZIP | CLERMONT, FL  34711 |
| TITLE | MGRM |
| NAME | BIDDLE, MICHAEL S |
| STREET ADDRESS | 4974 LYLE ROAD |
| CITY-ST-ZIP | COLUMBUS, OH  43229 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |

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02/19/07-80010-008  50.00

**DO NOT WRITE 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:** _Jeffrey C Biddle_    MGR  REGISTERED AGENT  2/6/07  352-516-7769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE                    Date          Daytime Phone #