

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000089460

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Entity Name:** SCOTT CEDOLA, P.L.

**Current Principal Place of Business:**

5012 W. HOMER AVENUE  
TAMPA, FL 33629

**New Principal Place of Business:**

4207 CULBREATH AVE.  
TAMPA, FL 33609

**Current Mailing Address:**

5012 W. HOMER AVENUE  
TAMPA, FL 33629

**New Mailing Address:**

4207 CULBREATH AVE.  
TAMPA, FL 33609

**FEI Number:** 20-3502444

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CEDOLA, SCOTT  
5012 W. HOMER AVENUE  
TAMPA, FL 33629 US

**Name and Address of New Registered Agent:**

CEDOLA, SCOTT  
4207 CULBREATH AVE.  
TAMPA, FL 33609 US

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:

04/08/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CEDOLA, SCOTT  
Address: 4207 CULBREATH AVE.  
City-St-Zip: TAMPA, FL 33609

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: R. SCOTT CEDOLA

PRES

04/08/2010

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