
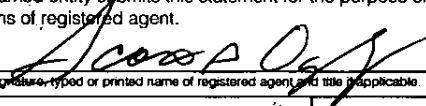


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90311 017 ****50.00

DOCUMENT # L06000008380					
1. Entity Name SCOTT G. OGLESBY, LLC					
Principal Place of Business 1518 FERN RD. LAKELAND, FL 33801			Mailing Address 1518 FERN RD. LAKELAND, FL 33801		
2. Principal Place of Business - No P.O. Box # 215 E. Main St.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Bartow, FL		City & State			
Zip 33830	Country U.S.	Zip	Country		
6. Name and Address of Current Registered Agent OGLESBY, SCOTT 1518 FERN RD. LAKELAND, FL 33801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 				DATE 5/1/07	
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM	NAME OGLESBY, SCOTT G		<input type="checkbox"/> Delete		
STREET ADDRESS 1518 FERN RD.			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP LAKELAND, FL 33801					
TITLE NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 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.



05012007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5412604

Applied For
Not Applicable

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