

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000080559

FILED
Feb 06, 2009
Secretary of State

Entity Name: SCOPE CATASTROPHE, LLC

Current Principal Place of Business:

4990 ABACO DR
TAVARES, FL 32778 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1743
TAVARES, FL 32778 US

New Mailing Address:

4990 ABACO DR
TAVARES, FL 32778 US

FEI Number: 75-3220276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KRONENBERGER, KENNETH C CEO
4990 ABACO DR
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: STEWART, GLENN
Address: 4954 CASA ESPANA
City-St-Zip: SAN ANTONIO, TX 78233 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEO () Change (X) Addition
Name: KRONENBERGER, KENNETH C
Address: 4990 ABACO DR
City-St-Zip: TAVARES, FL 32778 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: KENNETH C KRONENBERGER

CEO

02/06/2009

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