

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101494

FILED
Mar 19, 2009
Secretary of State

Entity Name: SC&M SUPPLY ASSOCIATES, LLC

Current Principal Place of Business:

2211 N. TAMIAMI TRAIL
NORTH FT. MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

2211 N. TAMIAMI TRAIL
NORTH FT. MYERS, FL 33903

New Mailing Address:

FEI Number: 65-1031783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIBBALD, STEPHEN G
2211 N. TAMIAMI TRAIL
NORTH FT. MYERS, FL 33903 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: MGRM () Delete
Name: KILFOYLE, MARY S
Address: 2211 N. TAMIAMI TRAIL
City-St-Zip: NORTH FT. MYERS, FL 33903

Title: MGRM () Delete
Name: SIBBALD, STEPHEN G
Address: 2211 N. TAMIAMI TRAIL
City-St-Zip: NORTH FT. MYERS, FL 33903

ADDITIONS/CHANGES:

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

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

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: MARY KILFOYLE

VP

03/19/2009

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