

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90167 023 \*\*\*138.75

**DOCUMENT # L07000063941**

1. Entity Name  
REEF SCAVENGERS, LLC.



Principal Place of Business  
1898 THORMAN AVE SE  
PALM BAY, FL 32909 US

Mailing Address  
1898 THORMAN AVE SE  
PALM BAY, FL 32909 US

2. Principal Place of Business - No P.O. Box #

305 Wilson Ave

Suite, Apt. #, etc.

3. Mailing Address

305 Wilson Ave

Suite, Apt. #, etc.

04072008 Chg-LLC CR2E083 (12/06)

City & State

Satellite Beach, FL

City & State

Satellite Beach, FL

Zip

32937

Country

U.S.

Zip

32937

Country

U.S.

4. FEI Number

~~10-1000000~~ 33-1187222

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FORSYTHE, DYLAN  
1898 THORMAN AVE SE  
PALM BAY, FL 32909

NEW ADDRESS

7. Name and Address of New Registered Agent

Name Dylan Forsythe

Street Address (P.O. Box Number is Not Acceptable)

305 Wilson Ave

City Satellite Beach

FL

Zip Code

32937

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)

4/14/08

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME FORSYTHE, DYLAN  
STREET ADDRESS 1898 THORMAN AVE SE  
CITY-ST-ZIP PALM BAY, FL 32909

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Dylan Forsythe

4/14/08

Date

321-698-8044

Daytime Phone #