

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000063941

FILED  
May 21, 2009  
Secretary of State

Entity Name: REEF SCAVENGERS, LLC.

## Current Principal Place of Business:

305 WILSON AVE  
SATELLITE BEACH, FL 32937 US

## New Principal Place of Business:

3247 WIDEMAN AVE  
PALM BAY, FL 32909 US

## Current Mailing Address:

305 WILSON AVE  
SATELLITE BEACH, FL 32937 US

## New Mailing Address:

3247 WIDEMAN AVE  
PALM BAY, FL 32909 US

FEI Number: 33-1187222      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

FORSYTHE, DYLAN  
305 WILSON AVE  
SATELLITE BEACH, FL 32937 US

## Name and Address of New Registered Agent:

FORSYTHE, DYLAN  
3247 WIDEMAN AVE  
PALM BAY, FL 32909 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: DYLAN R FORSYTHE

05/21/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: FORSYTHE, DYLAN  
Address: 1898 THORMAN AVE SE  
City-St-Zip: PALM BAY, FL 32909 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: FORSYTHE, DYLAN  
Address: 3247 WIDEMAN AVE  
City-St-Zip: PALM BAY, FL 32909 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: DYLAN FORSYTHE

MR

05/21/2009

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