

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 23, 2008 8:00 am
Secretary of State

05-29-2008 90013 021 ***138.75

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|--|--|---------------------------------|--|---|---|
| DOCUMENT # L07000097190 1. Entity Name SCARLET HOLDINGS, LLC | | | | | |
| Principal Place of Business 4324 SILVER FOX DRIVE NAPLES, FL 34119 | | | Mailing Address 4324 SILVER FOX DRIVE NAPLES, FL 34119 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number APPLIED FOR | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent GFPAC SERVICES, LLC 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES, FL 34108 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | FL Zip Code | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| 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 | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR COLLINS, GREGORY A 4324 SILVER FOX DRIVE NAPLES, FL 34119 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: | | | | Date: 4/30/08 | |
| SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | Daytime Phone #: 239-506-1000 | |

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