

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098485

FILED
May 04, 2008
Secretary of State

Entity Name: THE SCARLET THREAD CENTERS, LLC.

Current Principal Place of Business:

517 B DELTONA BLVD,
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 391691
DELTONA, FL 32739

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

BRYANT, ABIGAIL T
517 B DELTONA BLVD
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

HEARD, PAMELA
517 B DELTONA BLVD
DELTONA, FL 32725 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: PAMELA HEARD

05/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HEARD, JAMES B SR
Address: 3710 TRADE STREET
City-St-Zip: DELTONA, FL 32738

Title: MGR () Delete
Name: HEARD, PAMELA R
Address: 3710 TRADE STREET
City-St-Zip: DELTONA, FL 32738

Title: MGR () Delete
Name: BAILEY, ROBERT S II
Address: 2764 REDWING VILLAGE
City-St-Zip: DELAND, FL 32720

Title: MGR () Delete
Name: ANDERSON, DEBORAH L
Address: 157 LONG PINE DRIVE
City-St-Zip: DELTONA, FL 32725

Title: MGR (X) Delete
Name: BRYANT, ABIGAIL T
Address: 351 LONE HILL DRIVE #203
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES:

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

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

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

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: PAMELA HEARD

MGR

05/04/2008

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