

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098485

FILED  
Apr 28, 2009  
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:

785 OSTEEN CEM. RD.  
DELTONA, FL 32738

## 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 ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

HEARD, PAMELA  
3710 TRADE STREET  
DELTONA, FL 32738 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

04/28/2009

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

## 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:

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

04/28/2009

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