

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000059657

**FILED**  
**Mar 30, 2009**  
**Secretary of State**

**Entity Name:** THAT'S THE SCOOP, LLC

**Current Principal Place of Business:**

170 N. PALAFOX STREET  
PENSACOLA, FL, 32502 US

**New Principal Place of Business:**

270 N PALAFOX ST  
PENSACOLA, FL 32502 US

**Current Mailing Address:**

170 N. PALAFOX STREET  
PENSACOLA, FL, 32502 US

**New Mailing Address:**

270 N. PALAFOX STREET  
PENSACOLA, FL 32502 US

**FEI Number:** 26-4561275

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEPHENSON, GEORGE K  
170 NORTH PALAFOX STREET  
PENSACOLA, FL 32502 US

**Name and Address of New Registered Agent:**

STEPHENSON, GEORGE K  
270 NORTH PALAFOX STREET  
PENSACOLA, FL 32502 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:**

03/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** STEPHENSON, GEORGE K  
**Address:** 170 NORTH PALAFOX STREET  
**City-St-Zip:** PENSACOLA, FL 32502 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** STEPHENSON, GEORGE K  
**Address:** 270 NORTH PALAFOX STREET  
**City-St-Zip:** PENSACOLA, FL 32502 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:** GEORGE K STEPHENSON

MM

03/30/2009

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