

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000078231

Entity Name: SCALLOP SHACK, LLC

FILED  
Feb 16, 2009  
Secretary of State

**Current Principal Place of Business:**

4480 ORTEGA FOREST DR.  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

4480 ORTEGA FOREST DR.  
JACKSONVILLE, FL 32210

**New Mailing Address:**

FEI Number: 80-0348536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

QUINN, WALTER H  
4480 ORTEGA FOREST DR.  
JACKSONVILLE, FL 32210 US

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

QUINN, WALTER H MGRM  
4480 ORTEGA FOREST DR.  
JACKSONVILLE, FL 32210 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: WALTER QUINN

02/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: QUINN, WALTER H  
Address: 4480 ORTEGA FOREST DR.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM ( ) Delete  
Name: PATTERSON, SARAH L  
Address: 4480 ORTEGA FOREST DR.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM ( ) Delete  
Name: BRAZZEL, RICHARD A  
Address: 2701 NW 5TH PLACE  
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM ( ) Delete  
Name: PATTERSON, ELIZABETH F  
Address: 2701 NW 5TH PLACE  
City-St-Zip: GAINESVILLE, FL 32607

**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: WALTER QUINN

MGRM

02/16/2009

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