

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000094919

FILED  
Jun 23, 2009  
Secretary of State

**Entity Name:** SCANDINAVIAN ENTERPRISES, LLC

**Current Principal Place of Business:**

12670 NEW BRITTANY BLVD., SUITE 101  
FORT MYERS, FL 33907 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JOHN M. WICKER, COSTELLO, ROYSTON & WI  
P.O. DRAWER 60205  
FORT MYERS, FL 33906

**New Mailing Address:**

C/O JOHN M. WICKER, P.A.  
P.O. DRAWER 60205  
FORT MYERS, FL 33906

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

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

WICKER, JOHN M  
12670 NEW BRITTANY BLVD., SUITE 101  
FORT MYERS, FL 33907 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ANDERS, HERVALL  
Address: 2306 SE 20TH AVE.  
City-St-Zip: CAPE CORAL, FL 33990 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HERVALL, ANDERS  
Address: 2306 SE 20TH AVE.  
City-St-Zip: CAPE CORAL, FL 33990 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: ANDERS HERVALL

MGRM

06/23/2009

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