

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000097094

Entity Name: SCORECRAFTERS, LLC

FILED
Jul 20, 2009
Secretary of State

Current Principal Place of Business:

661 BEVILLE ROAD
SUITE 113
SOUTH DAYTONA, FL 32119

New Principal Place of Business:

Current Mailing Address:

661 BEVILLE ROAD
SUITE 113
SOUTH DAYTONA, FL 32119

New Mailing Address:

FEI Number: 26-3554046 FEI Number Applied For () 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:

FRANKENBERRY, RANDY
661 BEVILLE ROAD
SUITE 113
SOUTH DAYTONA, FL 32119 US

Name and Address of New Registered Agent:

SNEDDEN, HARRY O
661 BEVILLE ROAD
SUITE 113
SOUTH DAYTONA, FL 32119 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: HARRY O SNEDDEN

07/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FRANKENBERRY, RANDY
Address: 661 BEVILLE ROAD, SUITE 113
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: MGRM () Delete
Name: SNEDDEN, HARRY O
Address: 309 HAMMOCK OAK CIRCLE
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES:

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: HARRY O SNEDDEN

MGRM

07/20/2009

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