

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000004845

Entity Name: SLCCM LLC

**FILED**  
**Apr 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2113 BLUE HERON COVE DR.  
FLEMING ISLAND, FL 32003

**New Principal Place of Business:**

2113 BLUE HERON COVE DR  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

PO BOX 66777, MC S100-9311  
SAINT LOUIS, MO 63166

**New Mailing Address:**

2113 BLUE HERON COVE DR  
FLEMING ISLAND, FL 32003

FEI Number: 26-4251721

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WARD, WILLIAM  
2113 BLUE HERON COVE DR.  
FLEMING ISLAND, FL 32003 US

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

WARD, WILLIAM  
2113 BLUE HERON COVE DR  
FLEMING ISLAND, FL 32003 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:

04/17/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ROBERTS, JAMES  
Address: 2113 BLUE HERON COVE DR  
City-St-Zip: FLEMING ISLAND, FL 32003

I hereby 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: JAMES ROBERTS

MGRM

04/17/2011

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