

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000022906

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** SCIENTIFIC CONSULTANTS, LLC

**Current Principal Place of Business:**

% WILLIAM H. PEEPLES  
220 TORCHWOOD AVENUE  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

% WILLIAM H. PEEPLES  
220 TORCHWOOD AVENUE  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:** 26-4441208

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEEPLES, WILLIAM H  
220 TORCHWOOD AVENUE  
PLANTATION, FL 33324 US

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

PEEPLES, WILLIAM H JR  
220 TORCHWOOD AVENUE  
PLANTATION, FL 33324 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: W H PEEPLES

01/05/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PEEPLES, WILLIAM H  
Address: 220 TORCHWOOD AVENUE  
City-St-Zip: PLANTATION, FL 33324

Title: MGRM  
Name: THORNTHWAITE, JERRY T  
Address: 1332 WHITE AVENUE  
City-St-Zip: HENDERSON, TN 38340

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: W H PEEPLES

MGR

01/05/2011

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