

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000094387

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** DL SCION, LLC

**Current Principal Place of Business:**

2255 TREASURE POINT ROAD  
GREEN COVE SPRINGS, FL 32043 US

**New Principal Place of Business:**

14 MAGNOLIA AV  
GREEN COVE SPRINGS, FL 32043 US

**Current Mailing Address:**

2255 TREASURE POINT ROAD  
GREEN COVE SPRINGS, FL 32043 US

**New Mailing Address:**

**FEI Number:** 27-1037345      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RIGSBY, LAUREL A  
2255 TREASURE POINT ROAD  
GREEN COVE SPRINGS, FL 32043 US

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

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  
**Name:** RIGSBY, LAUREL A  
**Address:** 2255 TREASURE POINT ROAD  
**City-St-Zip:** GREEN COVE SPRINGS, FL 32043 US

**Title:** MGRM  
**Name:** RIGSBY, EMMITT D  
**Address:** 2255 TREASURE POINT ROAD  
**City-St-Zip:** GREEN COVE SPRINGS, FL 32043 US

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: LAUREL A. RIGSBY

MGRM

04/29/2010

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