

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000107356

Entity Name: SCOTT DYKEHOUSE, LLC

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

339 COVINGTON ROAD  
MASCOTTE, FL 34753 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 738  
MASCOTTE, FL 34753 US

**New Mailing Address:**

FEI Number: 27-1279653

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DYKEHOUSE, DARREL S  
339 COVINGTON ROAD  
MASCOTTE, FL 34753 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: DYKEHOUSE, DARREL S  
Address: 339 COVINGTON ROAD  
City-St-Zip: MASCOTTE, FL 34753

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: DARREL S DYKEHOUSE

MGR

04/30/2011

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