

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000082046

Entity Name: SCARA, LLC

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5023 SW 20TH PLACE  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

5109 DEL PRADO BLVD. S  
CAPE CORAL, FL 33904

**New Mailing Address:**

FEI Number: 27-3242225

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLLINS, VIOLA  
5109 DEL PRADO BLVD. S  
CAPE CORAL, FL 33904 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: MUELLER, CLAUDINE  
Address: RUMMELSTRASSE 40  
City-St-Zip: WOHLN, SWITZERLAND, CH 5610 CH

Title: MGRM  
Name: MUELLER, ROLF H  
Address: RUMMELSTRASSE 40  
City-St-Zip: WOHLN, SWITZERLAND, CH 5610 CH

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: CLAUDINE MUELLER

MGRM

04/28/2012

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