

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L99000001548

1. Entity Name
W. SCOTT NEWBERN, P.L.



Principal Place of Business
2982 EAST GIVERNY
TALLAHASSEE, FL 32309

Mailing Address
2982 EAST GIVERNY
TALLAHASSEE, FL 32309

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

BK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242007

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FEI Number
59-3564394

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWBERN, W. SCOTT
2982 EAST GIVERNY
TALLAHASSEE, FL 32309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

BK

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
NEWBERN, W. SCOTT
2982 EAST GIVERNY
TALLAHASSEE, FL 32309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
800101701838
05/07/07-01014-015 ***50.00 ☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

W. SCOTT NEWBERN

4/24/07

850.894.0824