

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001141

Entity Name: SCZ, LLC

FILED
Apr 02, 2009
Secretary of State

Current Principal Place of Business:

9304 SPRING RUN
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

810 BROOKCREEK LANE
KIRKWOOD, MO 63122

New Mailing Address:

FEI Number: 92-0193529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REESE, BILL
23814 CREEK BRANCH
BONITA SPRINGS, FL 34134 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 () Delete
Name: COLLIER, RON
Address: 652 KILLARY DOWN
City-St-Zip: ST. CHARLES, MO 63304

Title: MGRM () Delete
Name: COLLIER, BILLY
Address: 652 KILLARY DOWN
City-St-Zip: ST. CHARLES, MO 63304

Title: MGRM () Delete
Name: ZYGMUND, MARTIN
Address: 810 BROOKCREEK LANE
City-St-Zip: KIRKWOOD, MO 63122

Title: MGRM () Delete
Name: ZYGMUND, MARCIA
Address: 810 BROOKCREEK LANE
City-St-Zip: KIRKWOOD, MO 63122

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARTIN ZYGMUND

MGRM

04/02/2009

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