

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90034 007 ***138.75

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05012008 Chg-LLC CR2E083 (12/06)

DOCUMENT # M07000003968 1. Entity Name FOUR SCOOPS, LLC					
Principal Place of Business 14251 GEORGIAN BAY DRIVE HOLLAND, MI 49424			Mailing Address 14251 GEORGIAN BAY DRIVE HOLLAND, MI 49424		
2. Principal Place of Business - No P.O. Box # 625 GRAND BOULEVARD Suite, Apt. #, etc. E-102		3. Mailing Address 625 GRAND BOULEVARD Suite, Apt. #, etc. E-102			
City & State MIRAMAR BEACH, FL		City & State MIRAMAR BEACH, FL		4. FEI Number 20-8049480	
Zip 32550 Country USA		Zip 32550 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NYKAMP, KIRSTEN 30 TALON WAY SANTA ROSA, FL 32459			7. Name and Address of New Registered Agent 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 <u><i>Kirsten Nykamp</i></u> KIRSTEN NYKAMP 4/30/08 <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KINCAID, LOU 14251 GEORGIAN BAY DRIVE HOLLAND, MI 49424	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KINCAID, NANCY 14251 GEORGIAN BAY DRIVE HOLLAND, MI 49424	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NYKAMP, PAUL 30 TALON WAY SANTA ROSA, FL 32459	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NYKAMP, KIRSTEN 30 TALON WAY SANTA ROSA, FL 32459	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>Kirsten Nykamp</i></u> KIRSTEN NYKAMP 4/30/08 950-837-9446 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					