

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000003968

**FILED**  
**Feb 01, 2012**  
**Secretary of State**

**Entity Name:** FOUR SCOOPS, LLC

**Current Principal Place of Business:**

625 GRAND BLVD STE E102  
MIRAMAR BEACH, FL 32550

**New Principal Place of Business:**

**Current Mailing Address:**

625 GRAND BLVD STE E102  
MIRAMAR BEACH, FL 32550

**New Mailing Address:**

**FEI Number:** 20-8049480

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NYKAMP, KIRSTEN  
30 TALON WAY  
SANTA ROSA, FL 32459 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:** MGR  
**Name:** KINCAID, LOU  
**Address:** 14251 GEORGIAN BAY DRIVE  
**City-St-Zip:** HOLLAND, MI 49424

**Title:** MGR  
**Name:** KINCAID, NANCY  
**Address:** 14251 GEORGIAN BAY DRIVE  
**City-St-Zip:** HOLLAND, MI 49424

**Title:** MGR  
**Name:** NYKAMP, PAUL  
**Address:** 30 TALON WAY  
**City-St-Zip:** SANTA ROSA, FL 32459

**Title:** MGR  
**Name:** NYKAMP, KIRSTEN  
**Address:** 30 TALON WAY  
**City-St-Zip:** SANTA ROSA, FL 32459

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:** KIRSTEN KINCAID NYKAMP

OWNE

02/01/2012

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