

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000020017

**Entity Name:** SCOTT B POWELL, LLC

**Current Principal Place of Business:**

437 SW 19TH LN  
CAPE CORAL, FL 33991

**Current Mailing Address:**

437 SW 19TH LN  
CAPE CORAL, FL 33991 US

**FEI Number:** 82-4445222

**Certificate of Status Desired:** Yes

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

REGISTERED AGENTS INC.  
7901 4TH STREET NORTH  
SUITE 300  
ST.PETERSBURG, FL 33702 US

*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

**Authorized Person(s) Detail :**

|                 |                     |                 |                        |
|-----------------|---------------------|-----------------|------------------------|
| Title           | MGR                 | Title           | MGR                    |
| Name            | POWELL, SCOTT       | Name            | POWELL, MA LEAH ROMANA |
| Address         | 437 SW 19TH LN      | Address         | 437 SW 19TH LN         |
| City-State-Zip: | CAPE CORAL FL 33991 | City-State-Zip: | CAPE CORAL FL 33991    |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SCOTT POWELL

MR.

04/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date