

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119747

Entity Name: SCG ENTERPRISES, LLC**Current Principal Place of Business:**10305 LYONS AVE
LITHIA, FL 33547**Current Mailing Address:**10305 LYONS AVE
LITHIA, FL 33547 US**FEI Number:** 20-8054312**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GAMACHE, SONIA C
10305 LYONS AVE
LITHIA, FL 33547 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:** SONIA C. GAMACHE

03/27/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name GAMACHE, SONIA CSONIA
Address 10305 LYONS AVE
City-State-Zip: LITHIA FL 33547

Title MGRM
Name GAMACHE, SONIA SSONIA
Address 10305 LYONS AVE
City-State-Zip: LITHIA FL 33547

Title MGRM
Name GAMACHE, SONIA SSONIA
Address 10305 LYONS AVE
City-State-Zip: LITHIA FL 33547

Title MGRM
Name GAMACHE, SONIA SSONIA
Address 10305 LYONS AVE
City-State-Zip: LITHIA FL 33547

Title MGRM
Name GAMACHE, SONIA SSONIA
Address 10305 LYONS AVE
City-State-Zip: LITHIA FL 33547

Title 1284
Name GAMACHE, SONIA S
Address 10305 LYONS AVE
City-State-Zip: LITHIA FL 33547

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: SONIA C. GAMACHE**OWNER/GENERAL
MANAGER**

03/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date