

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000188878

**Entity Name:** SCA CONSULT, LLC

**Current Principal Place of Business:**

2785 29TH AVE NE  
NAPLES, FL 34120

**Current Mailing Address:**

PO BOX 110667  
NAPLES, FL 34108

**FEI Number:** 84-2626256

**Certificate of Status Desired:** No

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

NOVATT, JEFF  
1415 PANTHER LN STE 327  
NAPLES, FL 34109 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 P  
Name DODEMAN, AUGUSTE  
Address 1425 SERENITY CIRCLE  
City-State-Zip: NAPLES FL 34110

Title VP  
Name DODEMAN, MARIE  
Address 1425 SERENITY CIRCLE  
City-State-Zip: NAPLES FL 34110

Title MGR  
Name EUBANKS, NADINE  
Address 2785 29TH AVE NE  
City-State-Zip: NAPLES FL 34120

*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:** AUGUSTE DODEMAN

PRESIDENT

01/04/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date