

# **LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # L00000004017

1. Entity Name

SCN PROPERTIES LLC.

02 JUL 22 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

B0102773

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10819 EMERALD CHASE  
Suite, Apt. #, etc. DRIVE

3. Mailing Address

10819 EMERALD CHASE  
Suite, Apt. #, etc. DRIVE

City &amp; State

ORLANDO FLORIDA

City &amp; State

ORLANDO FLORIDA

4. FEI Number

59 3645186

Applied For

Not Applicable

Zip

32836

Country

USA

Zip

32836

Country

USA

5. Certificate of Status Desired

☒ \$5.00 Additional  
☐ Fee Required

7. Name and Address of Current Registered Agent

Name IVAN LEFKOWITZ

Street Address (P.O. Box Number is Not Acceptable)

430 NORTH MILLS AVENUE

City ORLANDO

FL

Zip Code 32803

DO NOT WRITE  
IN THIS SPACE

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.

SIGNATURE

L.C. SNELL

L.C. SNELL

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPL.C. SNELL MGRM.  
SCN CONSULTANTS INC.  
10819 EMERALD CHASE DRIVE  
ORLANDO FLORIDA 32836TITLE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

L.C. SNELL

L.C. SNELL

24 Apr/2002

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3971129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E03B (12/01)