

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-07-2002 90037 026 ****50.00

DOCUMENT # L01000018440
 1. Entity Name
S.C., LLC

Principal Place of Business 300 S.E. 2ND ST. FORT LAUDERDALE FL 33301	Mailing Address 300 S.E. 2ND ST. FORT LAUDERDALE FL 33301
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22351

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JONES, PATRICIA 300 S.E. 2ND ST. FORT LAUDERDALE FL 33301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		MGRM STILES, TERRY W 300 SE 2ND ST. FORT LAUDERDALE FL 33301	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (9/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Patricia A. Jones*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
 Patricia A. Jones
 Date: **1-30-02**
 Daytime Phone #: **95A-671-9300**



Attachment

NATIONAL DEVELOPER OF THE YEAR

22351



300 S.E. 2nd Street
Ft. Lauderdale, Florida 33301
954.627.9350
954.627.9399 Fax
stiles.com
stiles@stiles.com

March 28, 2002

CERTIFIED MAIL, RRR

Division of Corporations
P. O. Box 6478
Tallahassee, Florida 32314

Re: **L01000018440**
S.C., LLC

Dear Sir or Madam:

I am returning a copy of our Uniform Business Report form with your letter. Pursuant to the IRS Instructions for Form SS-4 booklet, as a single-member, domestic LLC that accepts the default classification, we do not need an EIN and should not file for one. The booklet states the LLC should use the name and EIN of its owner for all federal tax purposes. In this case, the owner is an individual. I have included a copy of the pertinent section of the booklet.

Please proceed with the filing of the S.C., LLC Uniform Business Report. If you have any questions regarding this please feel free to contact me at (954) 627-9156.

Sincerely,

STILES CORPORATION

Judy Sherman
Closing Coordinator

Enclosures

cc: **Donna Florek**