

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

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90019 029 \*\*\*\*50.00

DOCUMENT # **101000022653**

1. Entity Name

**SCMELD ENTERPRISES, L.L.C.**

**DO NOT WRITE IN THIS SPACE**

**936322**

2. Principal Place of Business

**1555 PALM BEACH LAKES BLVD**

Suite, Apt. #, etc.

**SUITE 1000**

City & State

**WEST PALM BEACH, FL**

Zip

**33401**

Country

**USA**

3. Mailing Address

**1555 PALM BEACH LAKES BLVD**

Suite, Apt. #, etc.

**SUITE 1000**

City & State

**WEST PALM BEACH, FL**

Zip

**33401**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**26-0039727**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**MICHAEL GLASS**

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

**9196 SE RIVER TERRACE**

City

**TEQUESTA, FL**

FL

Zip Code

**33469**

**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

**Michael Glass as resident agent**

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

|                |                                     |                |  |
|----------------|-------------------------------------|----------------|--|
| TITLE          | <b>D-MEMBER</b>                     | TITLE          |  |
| NAME           | <b>ED SASSO</b>                     | NAME           |  |
| STREET ADDRESS | <b>8818 SE RIVER FRONT TERRACE</b>  | STREET ADDRESS |  |
| CITY-ST-ZIP    | <b>TEQUESTA, FL 33469</b>           | CITY-ST-ZIP    |  |
| TITLE          | <b>MANAGING MEMBER</b>              | TITLE          |  |
| NAME           | <b>MICHAEL GLASS</b>                | NAME           |  |
| STREET ADDRESS | <b>9196 SE RIVER TERRACE</b>        | STREET ADDRESS |  |
| CITY-ST-ZIP    | <b>TEQUESTA, FL 33469</b>           | CITY-ST-ZIP    |  |
| TITLE          | <b>B-MEMBER</b>                     | TITLE          |  |
| NAME           | <b>DAVID WHELIHAN</b>               | NAME           |  |
| STREET ADDRESS | <b>18629 LOCH POINT CT.</b>         | STREET ADDRESS |  |
| CITY-ST-ZIP    | <b>JUPITER, FL 33458</b>            | CITY-ST-ZIP    |  |
| TITLE          | <b>B-MEMBER</b>                     | TITLE          |  |
| NAME           | <b>LAWRENCE SHAW</b>                | NAME           |  |
| STREET ADDRESS | <b>10221 ALAMANDA BLVD.</b>         | STREET ADDRESS |  |
| CITY-ST-ZIP    | <b>PALM BEACH GARDENS, FL 33410</b> | CITY-ST-ZIP    |  |
| TITLE          | <b>D-MEMBER</b>                     | TITLE          |  |
| NAME           | <b>CORNELIUS MCGINNIS</b>           | NAME           |  |
| STREET ADDRESS | <b>121 PENNOCK TRACE DR.</b>        | STREET ADDRESS |  |
| CITY-ST-ZIP    | <b>JUPITER, FL 33458</b>            | CITY-ST-ZIP    |  |
| TITLE          | <b>B-MEMBER</b>                     | TITLE          |  |
| NAME           | <b>SANDRA LYMAN</b>                 | NAME           |  |
| STREET ADDRESS | <b>7249 SE SEAGATE LANE</b>         | STREET ADDRESS |  |
| CITY-ST-ZIP    | <b>STUART, FL 34997</b>             | CITY-ST-ZIP    |  |

**DO NOT WRITE  
IN THIS SPACE**

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:

**Michael Glass as Managing Member**

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

Date

Daytime Phone #

**(561) 689-8700**

CR2E083B (12/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 18, 2002

SCMELD ENTERPRISES, L.L.C.  
1555 PALM BEACH LAKES BLVD., STE. 1000  
WEST PALM BEACH, FL 33401

SUBJECT: SCMELD ENTERPRISES, L.L.C.  
Ref. Number: L01000022653

We have received your document for SCMELD ENTERPRISES, L.L.C. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file the enclosed annual report/uniform business report is \$50.00. If a certificate of status is desired, please add an additional \$5.00.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock  
Sr. Corporate Section Administrator

Letter Number: 702A00015581