

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90072 014 ****50.00

DOCUMENT # L03000032577

1. Entity Name
SC DEVELOPMENT ENTERPRISES, LLC



Principal Place of Business
**1750 W. BROADWAY ST., STE. 118
OVIEDO, FL 32765**

Mailing Address
**1750 W. BROADWAY ST., STE. 118
OVIEDO, FL 32765**

20004738



2. Principal Place of Business
2150 GOODLETTE ROAD N.

3. Mailing Address
2150 GOODLETTE ROAD N.

Suite, Apt. #, etc.
SUITE 700

Suite, Apt. #, etc.
SUITE 700

City & State
NAPLES, FL

City & State
NAPLES, FL

Zip
34102-4812

Country
USA

Zip
34102-4812

Country
USA

01132005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-0185985**
APPLIED FOR

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CIOFFI, CHRISTOPHER M
2317 HARRIER RUN
NAPLES, FL 34105**

7. Name and Address of New Registered Agent

Name **CHRISTOPHER M CIOFFI**

Street Address (P.O. Box Number is Not Acceptable)
2150 GOODLETTE ROAD N.

SUITE 700

City **NAPLES**

FL

Zip Code
34102-4812

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. I am familiar with, and accept the obligations of a registered agent.

SIGNATURE

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

Christopher M. Cioffi, MGRM

01-25-05

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **VPD** ☒ Delete
NAME **JERMAN, RICHARD A**
STREET ADDRESS **1750 W. BROADWAY ST. #118**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE **TD** ☒ Delete
NAME **STONEBURNER, KEVIN**
STREET ADDRESS **1750 W. BROADWAY ST.**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE **PD** ☒ Delete
NAME **CIOFFI, CHRISTOPHER**
STREET ADDRESS **2317 HARRIER RUN**
CITY-ST-ZIP **NAPLES, FL 34105**

TITLE **PD** ☒ Delete
NAME **JERMAN, RICHARD A**
STREET ADDRESS **1750 W. BROADWAY ST. #118**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE **VPD** ☒ Delete
NAME **STONEBURGER, KEVIN**
STREET ADDRESS **1750 W. BROADWAY ST.**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE **STD** ☒ Delete
NAME **CIOFFI, CHRISTOPHER**
STREET ADDRESS **2317 HARRIER RUN**
CITY-ST-ZIP **NAPLES, FL 34105**

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **CIOFFI, CHRISTOPHER M**
STREET ADDRESS **2317 HARRIER RUN**
CITY-ST-ZIP **NAPLES, FL 34105**

TITLE **MGR** ☒ Change ☐ Addition
NAME **STONEBURNER, KEVIN L**
STREET ADDRESS **2150 GOODLETTE ROAD N, #700**
CITY-ST-ZIP **NAPLES, FL 34102-4812**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Christopher M. Cioffi

01-25-05

Date

Daytime Phone #