

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000037088

1. Entity Name

SC HOLDINGS, LLC



Principal Place of Business

9917 PALMA VISTS  
BOCA RATON FL 33428

Mailing Address

9917 PALMA VISTS  
BOCA RATON FL 33428

2. Principal Place of Business

9917 Palma Vista Way  
Suite, Apt. #, etc.

3. Mailing Address

Same  
Suite, Apt. #, etc.

City & State

Boca Raton

Zip  
33428

Country

Palm Beach

City & State

Boca Raton

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

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

LICATA, CHRISTOPHER J  
9917 PALMA VISTA WAY  
BOCA RATON FL 33428

Name Christopher J Licata

Street Address (P.O. Box Number is Not Acceptable)  
9917 Palma Vista Way

City Boca Raton

FL

Zip Code

33428

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 registered agent.

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

100037011571  
05/24/04--01012--002 \*\*250.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME LICATA, CHRISTOPHER J  
STREET ADDRESS 9917 PALMA VISTA WAY  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ Change ☐ Addition  
NAME 100037011571  
STREET ADDRESS 05/24/04--01012--002 \*\*250.00  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME LICATA, SEBASTIAN J  
STREET ADDRESS 1999 CLASSIC DR  
CITY-ST-ZIP CORAL SPRINGS FL 33071

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

TITLE MGRM ☐ Delete  
NAME LICATA, RUTH A  
STREET ADDRESS 1999 CLASSIC DR  
CITY-ST-ZIP CORAL SPRINGS FL 33071

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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

4/30/05 561 214-6072

Date

Daytime Phone #