

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

05 MAR -8 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BJL



02282006 Chg-LLC CH28085 (10/03)

DOCUMENT # L03000037088					
1. Entity Name: SC HOLDINGS, LLC					
Principal Place of Business 8917 PALMA VISTA WAY BOCA RATON, FL 33428			Mailing Address 9917 PALMA VISTA WAY BOCA RATON, FL 33428		
2. Principal Place of Business 401 West Atlantic Avenue 2nd Floor, #12		3. Mailing Address 401 West Atlantic Avenue 2nd Floor, #12			
City & State Delray Beach, FL		City & State Delray Beach, FL		4. FEI Number APPLIED FOR	
33444		33444		5. Certificate of Status Checked ☐ \$5.00 Ann Fee Required	
6. Name and Address of Current Registered Agent LICATA, CHRISTOPHER J 9917 PALMA VISTA WAY BOCA RATON, FL 33428			7. Name and Address of New Registered Agent Christopher J. Licata 401 West Atlantic Avenue 2nd Floor, #12 Delray Beach, FL 33444		
8. The above named entity submits this statement for the purpose of designating its registered office or registered agent, or both, in the State of Florida. I am familiar with the obligations of the registered agent.					
SIGNATURE: <i>Christopher J. Licata</i> Christopher J. Licata					
Filing Fee is \$50.00. Due by May 1, 2005			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONAL CHARGES		
TITLE NAME STREET ADDRESS CITY & STATE	MGRM LICATA, CHRISTOPHER J 9917 PALMA VISTA WAY BOCA RATON, FL 33428	TITLE NAME STREET ADDRESS CITY & STATE	MGRM Christopher J. Licata 401 West Atlantic Avenue, 2nd Fl., #12 Delray Beach, FL 33444		
TITLE NAME STREET ADDRESS CITY & STATE	MGRM LICATA, SEBASTIAN J 1988 CLASSIC DR CORAL SPRINGS, FL 33071	TITLE NAME STREET ADDRESS CITY & STATE	MGRM Sebastian J. Licata 401 West Atlantic Avenue, 2nd Floor, #12 Delray Beach, FL 33444		
TITLE NAME STREET ADDRESS CITY & STATE	MGRM LICATA, RUTH A 1988 CLASSIC DR CORAL SPRINGS, FL 33071	TITLE NAME STREET ADDRESS CITY & STATE	MGRM Ruth A. Licata 401 West Atlantic Avenue, 2nd Floor, #12 Delray Beach, FL 33444		
TITLE NAME STREET ADDRESS CITY & STATE	☐ Add:	TITLE NAME STREET ADDRESS CITY & STATE	☐ Add:		
TITLE NAME STREET ADDRESS CITY & STATE	☐ Del:	TITLE NAME STREET ADDRESS CITY & STATE	☐ Del:		
TITLE NAME STREET ADDRESS CITY & STATE	☐ Del:	TITLE NAME STREET ADDRESS CITY & STATE	☐ Del:		

100048305001
03/14/05--01062--008 **50.00

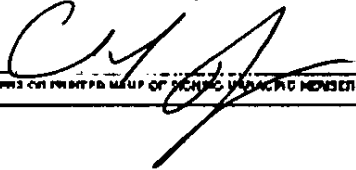
L03000037088

01-01-24

01-01-24

I, the undersigned, certify that the information supplied with this filing, does not comply with the requirements stated in Section 190.07(3)(b), Florida Statutes, and I am aware that the information provided 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 duly qualified and licensed insurance company or the holder of a license in accordance with the rules and regulations of the Department of Insurance, Florida Statutes.

SIGNATURE:



Christopher J. Licata, Mgr

(954) 729

SECRETARY AND CLERK OF THE BOARD OF DIRECTORS, MANAGER, OR AUTHORIZED REPRESENTATIVE

11.6

Exhibit 11.6

BK

FILED
05 MAR -8 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA