

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 14, 2006 8:00 am
Secretary of State

06-14-2006 90257 001 ***150.00

20047376



05262006 Chg-LLC CR2E083 (11/05)

4. FEI Number
APPLIED FOR
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LICATA, CHRISTOPHER J
401 WEST ATLANTIC AVE., 2ND FLOOR, #12
DELRAY BEACH, FL 33444

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME LICATA, CHRISTOPHER J
STREET ADDRESS 401 WEST ATLANTIC AVE., 2ND FLOOR, #12
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE MGRM ☐ Delete
NAME LICATA, SEBASTIAN J
STREET ADDRESS 401 WEST ATLANTIC AVE., 2ND FLOOR, #12
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE MGRM ☐ Delete
NAME LICATA, RUTH A
STREET ADDRESS 401 WEST ATLANTIC AVE., 2ND FLOOR, #12
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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 exemptions contained in Chapter 119, 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

Date

Daytime Phone #

ATTACHMENT

20047376

April 13, 2006

SC Holding
401 West Atlantic Ave. Suite 12
Delray Beach, Florida
33444

To,
Division of Corporations
Po Box 6198
Tallahassee, FL 32314

Re: 2006 annual Report
Document # L03000037088
Tax Id: 90-0168451

To Whom It May Concern,

We didn't receive any correspondence regarding 2006 Annual Report.

Enclosed, please find a payment – check # 2741 for amount of \$150.00

If you have any questions, please do not hesitate to give us a call at 561-272-0614

Thank you

Sincerely,



Norham M Blasko
Personal & Business Assistant.