

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000089680

Entity Name: SCS2 FLORIDA, L.L.C.

**FILED**  
**Apr 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4039-4077 13TH STREET  
ST. CLOUD, FL 33479

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ALEXON PROPERTIES  
POB 27404  
PHILADELPHIA, PA 19118

**New Mailing Address:**

FEI Number: 20-1983454      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALEXANIAN, ANNABELLE  
50 SPOONBILL ROAD  
MANALAPAN, FL 33462      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ALEXANIAN, ANNABELLE  
Address: 8203 ST MARTINS LANE  
City-St-Zip: PHILADELPHIA, PA 19118

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ANNABELLE ALEXANIAN

MGR

04/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date