


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 13, 2007 8:00 am
Secretary of State

02-19-2007 90200 022 ****50.00

DOCUMENT # L05000010060					
1. Entity Name SCS HOLDINGS, LLC					
Principal Place of Business 5589 OKEECHOBEE BLVD SUITE 102 WEST PALM BEACH FL 33417		Mailing Address 5589 OKEECHOBEE BLVD SUITE 102 WEST PALM BEACH FL 33417			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2257174	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SISCA, CHARLES 5589 OKEECHOBEE BLVD SUITE 102 WEST PALM BEACH FL 33417			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SISCA, CHARLES A		NAME		
STREET ADDRESS	5589 OKEECHOBEE BLVD, SUITE 102		STREET ADDRESS		
CITY- ST- ZIP	WEST PALM BEACH FL 33417		CITY- ST- ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MANAGING MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, SHERRIE		NAME		
STREET ADDRESS	5589 OKEECHOBEE BLVD Ste 102		STREET ADDRESS		
CITY- ST- ZIP	WPB, FL 33417		CITY- ST- ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MANAGING MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLAND, CHUCK		NAME		
STREET ADDRESS	5589 OKEECHOBEE BLVD, Ste 102		STREET ADDRESS		
CITY- ST- ZIP	WPB, FL 33417		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ROGER LOVEJOY	
STREET ADDRESS			STREET ADDRESS	5589 OKEECHOBEE BLVD, Ste 102	
CITY- ST- ZIP			CITY- ST- ZIP	WPB, FL 33417	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____			Date: 2-7-07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					