


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90271 040 \*\*\*138.75

**DOCUMENT # L05000010060**

1. Entity Name  
**SCS HOLDINGS, LLC**



Principal Place of Business      Mailing Address

**5589 OKEECHOBEE BLVD  
SUITE 102  
WEST PALM BEACH FL 33417**

**5589 OKEECHOBEE BLVD  
SUITE 102  
WEST PALM BEACH FL 33417**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E083 (10/07)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**20-2257174**       Not Applicable

5. Certificate of Status Desired       **\$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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>SISCA, CHARLES A</b>	
STREET ADDRESS	<b>5589 OKEECHOBEE BLVD, SUITE 102</b>	
CITY- ST- ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, SHERRIE</b>	
STREET ADDRESS	<b>5589 OKEECHOBEE BLVD STE 102</b>	
CITY- ST- ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>HOLLAND, CHUCK</b>	
STREET ADDRESS	<b>5587 OKEECHOBEE BLVD STE 102</b>	
CITY- ST- ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>LOVEJOY, ROGER</b>	
STREET ADDRESS	<b>5589 OKEECHOBEE BLVD STE 102</b>	
CITY- ST- ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

**10. ADDITIONS / CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHERRIE SISCA</b>	
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 or empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **CHARLES SISCA**      2/2/08      861-686-5545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Cayman Profile #