

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000020122

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** SCI STRATEGIC CONSULTANTS, LLC

**Current Principal Place of Business:**

6742 SIENNA CLUB PLACE  
LAUDERHILL, FL 33319 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 590033  
FORT LAUDERDALE, FL 33359 US

**New Mailing Address:**

P.O. BOX 590602  
FORT LAUDERDALE, FL 33359 US

**FEI Number:** 36-4568905

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

STEPHENS, MARK A  
6742 SIENNA CLUB PLACE  
LAUDERHILL, FL 33319 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: MGR  
Name: STEPHENS, MARK A  
Address: P.O. BOX 590602  
City-St-Zip: FORT LAUDERDALE, FL 33359 US

Title: MGRM  
Name: STEPHENS, EUDORA A  
Address: P.O. BOX 590602  
City-St-Zip: FORT LAUDERDALE, FL 33359 US

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: MARK STEPHENS

MGR

04/27/2011

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