

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000077700

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** SCG CAPITAL LEASING, L.L.C.

**Current Principal Place of Business:**

612 S. PINEAPPLE AVENUE  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

173 HUBBARD AVE  
STAMFORD, CT 06905

**New Mailing Address:**

74 WEST PARK PLACE  
STAMFORD, CT 06901

**FEI Number:** 20-3207527

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOICHMAN, JENNIFER  
612 S. PINEAPPLE AVENUE  
SARASOTA, FL 34236 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:** GOICHMAN, JENNIFER  
**Address:** 612 S. PINEAPPLE AVENUE  
**City-St-Zip:** SARASOTA, FL 34236

**Title:** MGR  
**Name:** GOICHMAN, SAM  
**Address:** 173 HUBBARD AVE  
**City-St-Zip:** STAMFORD, CT 06905

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:** SAM GOICHMAN

MGR

01/05/2010

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