

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090568

Entity Name: SCM SOLUTIONS, LLC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

3101 SW 34TH AVE
#905-471
OCALA, FL 34474 US

Current Mailing Address:

3101 SW 34TH AVE
#905-471
OCALA, FL 34474 US

New Principal Place of Business:

4787 S. ROBERT BLAKE AVE.
INVERNESS, FL 34452 US

New Mailing Address:

4787 S. ROBERT BLAKE AVE.
INVERNESS, FL 34452 US

FEI Number: 01-0845189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SUNDERLAND, LISA C
2010 SW 80TH ST.
OCALA, FL 34476 US

Name and Address of New Registered Agent:

SUNDERLAND, LISA C
4787 S. ROBERT BLAKE AVE.
INVERNESS, FL 34452 US

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: LISA C. SUNDERLAND

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: SUNDERLAND, LISA C
Address: 4787 S. ROBERT BLAKE AVE.
City-St-Zip: INVERNESS, FL 34452 US

Title: MBR () Change (X) Addition
Name: CUMMINGS, PAUL W
Address: 4787 S. ROBERT BLAKE AVE.
City-St-Zip: INVERNESS, FL 34452 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: LISA C. SUNDERLAND

MGRM

04/28/2006

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