

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90019 045 ****50.00

DOCUMENT # L05000113291

1. Entity Name

SCC, LLC



Principal Place of Business

128 N. CHARLENE DRIVE
PANAMA CITY FL 32404

Mailing Address

128 N. CHARLENE DRIVE
PANAMA CITY FL 32404



2. Principal Place of Business

~~158 N. CHARLENE DR.~~
Suite, Apt. #, etc.
9228 INDIAN BLVD RD

3. Mailing Address

~~9228~~ 128 N. CHARLENE DR
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

YOUNGSTOWN, FL
Zip 32466 Country BAY

City & State

PANAMA CITY FL
Zip 32404 Country Bay

4. FEI Number

043834114

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, BILLY M
128 N. CHARLENE DRIVE
PANAMA CITY FL 32404

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

(Signature, typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME CLARK, BILLY M
STREET ADDRESS 128 N. CHARLENE DRIVE
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE MGRM ☐ Delete
NAME SOWELL, ROBERT E JR.
STREET ADDRESS 1547 CHANDLEE AVENUE
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE MGRM ☐ Delete
NAME CLARK, WILLIAM D
STREET ADDRESS 128 N. CHARLENE DRIVE
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Billy Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

850.
4/24/06 871 6647