

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000119164

1. Entity Name
SCS HOLDINGS GROUP, LLC



Principal Place of Business
8501 S.W. 184TH ST.
MIAMI, FL 33157

Mailing Address
8501 S.W. 184TH ST.
MIAMI, FL 33157



03112007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4133924

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CASTRO, FRANK
8501 S.W. 184TH ST.
MIAMI, FL 33157

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CASTRO, FRANK
8501 S.W. 184TH ST.
MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CASTRO, SARA
8501 SW 184TH ST
MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000666510
03/23/07-80072-018 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 _____

Sara Castro - MGR.

DATE 3-12-07

305-2528791