


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000093090 1. Entity Name SC TWIN RIVERS, LLC	
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Principal Place of Business 950 JEFFERSON STREET HOLLYWOOD, FL 33019	Mailing Address 950 JEFFERSON STREET HOLLYWOOD, FL 33019
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5591520	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CASTER, STEVEN
950 JEFFERSON STREET
HOLLYWOOD, FL 33019

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASTER, STEVEN 950 JEFFERSON ST HOLLYWOOD, FL 33019
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02/25/08-80010-006 138.75

**DO NOT WRITE
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:

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

2/8/08 305-722-9400
Date Daytime Phone #