

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000116402

Entity Name: SCMS LLC

**FILED**  
**Oct 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6728 PARSON BROWN DR.  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

6728 PARSON BROWN DR.  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

EMMERSON, CONNIE J MGR  
6728 PARSON BROWN DR.  
ORLANDO, FL 32819 US

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

EMMERSON, CONNIE J  
6728 PARSON BROWN DR.  
ORLANDO, FL 32819 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: C. EMMERSON

10/14/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: EMMERSON, STEVEN D  
Address: 6728 PARSON BROWN DRIVE  
City-St-Zip: ORLANDO, FL 32819

Title: MGR  
Name: EMMERSON, CONNIE  
Address: 6728 PARSON BROWN DRIVE  
City-St-Zip: ORLANDO, FL 32819

Title: S  
Name: EMMERSON, STEVEN D  
Address: 6728 PARSON BROWN DRIVE  
City-St-Zip: ORLANDO, FL 32819

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: S. EMMERSON

MGR

10/14/2011

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