

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000063532

Entity Name: SCN MANAGEMENT, LLC

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

790 NORTH COUNTY HWY 393  
BUILDING 2  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

790 NORTH COUNTY HWY 393  
BUILDING 2  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

790 N COUNTY HWY 393  
BUILDING 3, UNIT B  
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

790 N COUNTY HWY 393  
BUILDING 3, UNIT B  
SANTA ROSA BEACH, FL 32459 US

FEI Number: 45-2464271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WALLACE, CLINT  
1168 EAST TENNESSEE STREET  
TALLAHASSEE, FL 32308 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NICHOLS, STEPHANIE  
Address: 790 N COUNTY HWY 393, BLDG 3, UNIT B  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: STEPHANIE C NICHOLS

MGRM

01/09/2012

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