

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000023771

Entity Name: SCW INVESTORS, L.L.C.

Current Principal Place of Business:

2740 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020

Current Mailing Address:

603 N. FLAMINGO RD., SUITE 250
ATTN: ARTHUR FISHMAN
PEMBROKE PINES, FL 33028

FEI Number: 26-2145198

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RA CORPORATE SERVICES, INC.
9400 S DADELAND BLVD STE 600
MIAMI, FL 33156 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title LP
Name FISHMAN, ARTHUR M
Address 603 N. FLAMINGO ROAD, SUITE 250
City-State-Zip: PEMBROKE PINES FL 33028

Title LP
Name CARDONE, SCOTT
Address 603 N. FLAMINGO ROAD, SUITE 250
City-State-Zip: PEMBROKE PINES FL 33028

Title LP
Name STELNICKI, ERIC
Address 603 N. FLAMINGO ROAD, SUITE 250
City-State-Zip: PEMBROKE PINES FL 33028

Title LP
Name DORFMAN, MARK
Address 603 N. FLAMINGO ROAD, SUITE 250
City-State-Zip: PEMBROKE PINES FL 33028

Title LP
Name ANGELLA, GUY J
Address 603 N. FLAMINGO ROAD, SUITE 250
City-State-Zip: PEMBROKE PINES FL 33028

Title LP
Name SINGER, STEVEN
Address 603 N. FLAMINGO ROAD, SUITE 250
City-State-Zip: PEMBROKE PINES FL 33028

Title LP
Name ROTHFIELD, ROBERT
Address 603 N. FLAMINGO RD., SUITE 250
ATTN: ARTHUR FISHMAN
City-State-Zip: PEMBROKE PINES FL 33028

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARTHUR M FISHMAN

LP

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date