

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000116402

**FILED  
Dec 19, 2016  
Secretary of State  
CR3890701502**

**Entity Name:** SCMS LLC

**Current Principal Place of Business:**

9419 STATE ROAD 535  
ORLANDO, FL 32836

**Current Mailing Address:**

9419 STATE ROAD 535  
ORLANDO, FL 32836 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

EMMERSON, CONNIE J  
9419 STATE ROAD 535  
ORLANDO, FL 32836 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:** CONNIE EMMERSON

12/19/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name EMMERSON, STEVEN D  
Address 9419 STATE ROAD 535  
City-State-Zip: ORLANDO FL 32836

Title MGR  
Name EMMERSON, CONNIE  
Address 9419 STATE ROAD 535  
City-State-Zip: ORLANDO FL 32836

Title S  
Name EMMERSON, STEVEN D  
Address 9419 STATE ROAD 535  
City-State-Zip: ORLANDO FL 32836

*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:** CONNIE EMMERSON

MANAGER

12/19/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date