

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000050898

**Entity Name:** SCA PINELLAS AMENITIES, LLC

**Current Principal Place of Business:**

8445 SW 80TH ST  
OCALA, FL 34481

**Current Mailing Address:**

8445 SW 80TH ST  
OCALA, FL 34481 US

**FEI Number: 85-4389253**

**Certificate of Status Desired: No**

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

STEARNS WEAVER MILLER WEISSLER ALHADEFF &  
SITTERSON, P.A.  
106 E. COLLEGE AVE, STE 700  
TALLAHASSEE, FL 32301 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 P  
Name COLEN, KENNETH D  
Address 8445 SW 80TH ST  
City-State-Zip: Ocala FL 34481

Title VPT  
Name C. GUY WOOLBRIGHT  
Address 8445 SW 80TH ST  
City-State-Zip: Ocala FL 34481

Title S  
Name ORTIZ, BARBARA  
Address 8445 SW 80TH ST  
City-State-Zip: Ocala FL 34481

Title S  
Name SORIANO, PATRICIA  
Address 8445 SW 80TH ST  
City-State-Zip: Ocala FL 34481

*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: KENNETH D. COLEN**

**PRES**

**04/13/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date