

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90025 013 \*\*\*\*50.00

**DOCUMENT #** D9200000530

**1. Entity Name**

S & S OF SOUTHWEST FLORIDA, LLC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

6400 Techster Blvd.

**3. Mailing Address**

6400 Techster Blvd

Suite, Apt. #, etc.

Ft Myers

Suite, Apt. #, etc.

Ft Myers

City & State

FL

City & State

FL

Zip

33912

Country

USA

Zip

33912

Country

USA

**4. FEI Number**

01-0626872

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$5.00 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name

Truman J. Costello, PA

Street Address (P.O. Box Number is Not Acceptable)

Brittany Professional Centre

12670 New Brittany Blvd, Suite 101

City

Fort Myers

FL

Zip Code

33907

**DO NOT WRITE  
IN THIS SPACE**

**8. 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**

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS / MANAGERS**

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Steven L. Marino  
6400 Techster Blvd.  
Ft Myers, FL 33912

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Sharon M. Marino  
15151 Sweetwater Court  
Ft Myers FL 33912

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TITLE**  
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STREET ADDRESS  
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**DO NOT WRITE  
IN THIS SPACE**

CR2E083B (12/01)

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

4/8/02 (941) 433-3344

Daytime Phone

4/20/02

**Steven L. Marino**

6400 Techster Blvd.  
Ft. Myers, FL 33912

Attachment  
8/138

May 2, 2002

Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

**Re: S&S of Southwest Florida, LLC**  
**Reference Number: L02000000530**

I am responding to your letter dated 4/22/02 requesting the titles of each member listed on the Uniform Business Report.

Please be advised of the following titles:

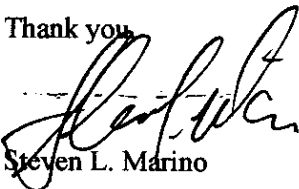
**President**

Steven L. Marino  
6400 Techster Blvd.  
Ft. Myers, FL 33912

**Managing Member**

Sharon L. Marino  
15151 Sweetwater Court  
Ft. Myers, FL 33912

Thank you

  
Steven L. Marino

enclosure

slm/jar