


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000014825 1. Entity Name S3 PRODUCTS, LLC		
Principal Place of Business 1320 13TH TERRACE PALM BEACH GARDENS FL 33418	Mailing Address 1320 13TH TERRACE PALM BEACH GARDENS FL 33418	



1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State
Zip	Country	Zip	Country

4. FEI Number 74-3051215	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent GARY, JOHN W III GARY, DYTRYCH & RYAN, P.A. 701 U.S. HWY ONE, STE. 402 N. PALM BEACH FL 33408	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

U00000655197
03/13/07-80096-021 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE	P <input type="checkbox"/> Delete WALKER, BARRY J 1320 13TH TERRACE PALM BEACH GARDENS FL 33418
TITLE	VPS <input type="checkbox"/> Delete SHANNER, DAVID 1745 SCHOOLHOUSE RD AMBLER PA 19002
TITLE	VP <input type="checkbox"/> Delete TURNBULL, JOHN 610 HYDE RUN DR WILMINGTON DE 19808
TITLE	MGRD <input type="checkbox"/> Delete LEWELLYN, DAVID L 392 COCONUT CIR WESTON FL 33326
TITLE	MGRD <input type="checkbox"/> Delete WALKER, JEFREY 3500 MARIGOLD CT., #2 PALM BEACH GARDENS FL 33410
TITLE	MGRD <input type="checkbox"/> Delete IOVICI, NICOLAE 392 BISCAYNE AVE KEY BISCAYNE FL

10. ADDITIONS/CHANGES	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Barry J Walker (BARRY J. WALKER) 3 March 07 561-626-6632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #