

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90230 024 ***138.75

DOCUMENT # L03000017413

1. Entity Name
S & A LLC



Principal Place of Business
**10850 KIMBERFYLD LANE
 PORT ST LUCIE, FL 34986**

Mailing Address
**10850 KIMBERFYLD LANE
 PORT ST LUCIE, FL 34986**


2. Principal Place of Business - No P.O. Box #
2310, S. US 1

3. Mailing Address
2310, S. US 1

Suite, Apt. #, etc.

City & State **Fort Pierce, FL** City & State **Fort Pierce, FL**

Zip **34982** Country **ST LUCIE** Zip **34982** Country **ST LUCIE**



04042008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

**PARUPIA, ARIF -
 10850 KIMBERFYLD LANE
 PORT ST LUCIE, FL 34986**

7. Name and Address of New Registered Agent

Name **A. CHOWDHURY**

Street Address (P.O. Box Number is Not Acceptable)
2310, S. US 1.

City **Fort Pierce, FL** Zip Code **34982**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

**Make check payable to
 Florida Department of State**

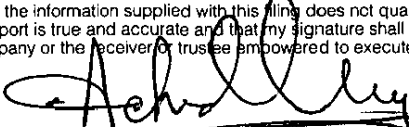
9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	CHOWDHURY, A	
STREET ADDRESS	3404 SE BEVIL AVE	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984	
TITLE	P	<input type="checkbox"/> Delete
NAME	PARUPIA, ARIF	
STREET ADDRESS	10850 KIMBERFYLD LANE	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **04 04 08 (772) 465-8551**

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