

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027301

Entity Name: S & D INVESTMENTS, LLC

FILED
May 19, 2009
Secretary of State

Current Principal Place of Business:

3271 NW 7TH STREET, SUITE 102
MIAMI, FL 33125

New Principal Place of Business:

3271 NW 7TH STREET, SUITE 101
MIAMI, FL 33125

Current Mailing Address:

3271 NW 7TH STREET, SUITE 102
MIAMI, FL 33125

New Mailing Address:

3271 NW 7TH STREET, SUITE 101
MIAMI, FL 33125

FEI Number: 20-2699787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD., SUITE 1050
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SANDIMAR AND ASSOCIATES, INC.
Address: 3271 N.W. 7TH STREET
City-St-Zip: MIAMIE, FL 33125

Title: MGR () Delete
Name: SAADE, MARISOL
Address: 7125 SW 69TH COURT
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MARISOL SAADE

MGR

05/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date