

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090385

FILED
Apr 26, 2007
Secretary of State

Entity Name: POE AND SSHICKORY, LLC

Current Principal Place of Business:

27524 HICKORY BLVD.
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

27524 HICKORY BLVD.
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 20-2841144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHLLI, THOMAS R
27524 HICKORY BLVD.
BONITA SPRINGS, FL 34134 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: MGR () Delete
Name: SCHILLI, THOMAS R
Address: 27524 HICKORY BLVD.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM () Delete
Name: POE, KEVAN
Address: 8314 CARDINA COURT
City-St-Zip: LIBERTY TOWNSHIP, OH 45044

Title: MGRM () Delete
Name: S & S HICKORY PROPER, TIES, LLC
Address: 27524 HICKORY BLVD.
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES:

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

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: THOMAS R SCHILLI

MGR

04/26/2007

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