

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000015736

1. Entity Name

S&S ENTERPRISES OF HOLLYWOOD, L.L.C.



Principal Place of Business

15414 N.W. 34TH AVE.
MIAMI, FL 33054

Mailing Address

15414 N.W. 34TH AVE.
MIAMI, FL 33054

DO NOT WRITE IN THIS SPACE

03182005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-6382721

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOOD, RICHARD A ESQ.
100 S.E. 2ND ST., 17TH FLOOR
MIAMI, FL 33131

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lorraine Greff, Lorraine Greff 3/30/2005

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

000000284202
04/01/05-80056-020 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GREFF, LORRAINE
STREET ADDRESS	15414 NW 34 AVENUE
CITY-ST-ZIP	MIAMI, FL 33054
TITLE	MGR
NAME	GALLAGHER, MICHAEL
STREET ADDRESS	15414 NW 34 AVENUE
CITY-ST-ZIP	MIAMI, FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Lorraine Greff, Lorraine Greff 3-30-2005

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

Date

Daytime Phone #