

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000005537

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** S. GENERAL, LLC

**Current Principal Place of Business:**

2559 NURSERY ROAD  
SUITE A  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

2559 NURSERY ROAD  
SUITE A  
CLEARWATER, FL 33764

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURNS, DOUGLAS J  
2559 NURSERY ROAD  
SUITE A  
CLEARWATER, FL 33764 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  
Name: SPENCER, STEPHEN J  
Address: PO BOX 306  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

I hereby 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: STEPHEN J. SPENCER

MGRM

04/20/2011

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