

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000067144

**Entity Name:** S & N MGMT., LLC

**Current Principal Place of Business:**

32541 WELSH TRAIL  
SORRENTO, FL 32776

**Current Mailing Address:**

32541 WELSH TRAIL  
SORRENTO, FL 32776 US

**FEI Number:** 46-5499679

**Certificate of Status Desired:** Yes

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

PATE, STEVEN  
32541 WELSH TRAIL  
SORRENTO, FL 32776 US

*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

**Authorized Person(s) Detail :**

|                 |                   |                 |                   |
|-----------------|-------------------|-----------------|-------------------|
| Title           | OWNER             | Title           | OWNER             |
| Name            | PATE, STEVEN      | Name            | PATE, NITA        |
| Address         | 32541 WELSH TRAIL | Address         | 32541 WELSH TRAIL |
| City-State-Zip: | SORRENTO FL 32776 | City-State-Zip: | SORRENTO FL 32776 |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NITA PATE

**OWNER**

**02/06/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date