

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0003261  
AF

DOCUMENT # L00000001509

1. Entity Name

S & S REFRESHMENT SPECIALISTS L.L.C.

01 APR 23 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

6103 LYNNWOOD AVENUE  
JACKSONVILLE FL 32216

Mailing Address

P.O. BOX 7617  
JACKSONVILLE FL 32209

2. Principal Place of Business

202 THREE CREEKS CT.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL.

City & State

SAME

4. FEI Number

Applied For

Not Applicable

Zip

32220

Country

USA.

Zip

SAME

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHARTRAND, EDMUND M

6103 LYNNWOOD AVENUE

JACKSONVILLE FL 32210

202 THREE CREEKS CT

JACKSONVILLE FL 32220

Name

EDMUND M SHARTRAND

Street Address (P.O. Box Number is Not Acceptable)

202 THREE CREEKS CT

City

JACKSONVILLE

FL

Zip Code

32210

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

EDMUND M SHARTRAND 4/16/01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE PARTNER  
NAME SANDRA J SHARTRAND  
STREET ADDRESS 202 THREE CREEKS CT  
CITY-ST-ZIP JACKSONVILLE FL 32220

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CITY-ST-ZIP

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

EDMUND M SHARTRAND

4/16/01 904 786-7594

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

Date

Daytime Phone #

CR2E083 (11/00)