

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90032 023 ****50.00

DOCUMENT # L00000005926

1. Entity Name

S & R ENTERPRISES, LLC



Principal Place of Business

Mailing Address

2180 MAIN ST.
SARASOTA FL 34237

P.O. BOX 2291
SARASOTA FL 34230



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt., etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1011003

Applied For

Not Applicable

Zip

Country

Zip

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

FRANGIE, RAMSEY J
2180 MAIN ST.
SARASOTA FL 34237

Name

FRANGIE, RAMSEY J.

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

1999 LINCOLN DR.

SUITE 202

City

SARASOTA

FL

Zip Code

34236

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
FRANGIE, RAMSEY
3521 ALMERIA ST.
SARASOTA FL 34239 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
FRANGIE, RAMSEY
PO Box 2291
SARASOTA, FL 34230 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
FRANGIE, RAMSEY
3521 ALMERIA AVE
SARASOTA FL 34239 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
FRANGIE, RAMSEY
P.O. Box 2291
SARASOTA, FL 34230 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

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

4/27/07

Date

941.906.7281

Daytime Phone #