

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90170 038 \*\*\*\*\*50.00

**DOCUMENT # L00000006706**

1. Entity Name

**S & S HOLDINGS, L.L.C.**

Principal Place of Business

**22 SAN LUIS OBISPO  
 FT PIERCE FL 34951**

Mailing Address

**22 SAN LUIS OBISPO  
 FT PIERCE FL 34951**

2. Principal Place of Business

3. Mailing Address

**4272 South US 301**

**4272 South US 301**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#236**

**#236**

City & State

**Bushnell, FL**

City & State

**Bushnell, FL**

Zip

**33513**

Country

**USA**

Zip

**33513**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1016165**

Applied For

Not Applicable

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

**O'HAIRE, MICHAEL  
 3111 CARDINAL DR  
 VERO BEACH FL 32963**

Name

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

City

**FL**

Zip Code

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

*Barbara J. Sawyer*

**BARBARA J. SAWYER**

**2-02-02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 SAWYER, BARBARA J  
 22 SAN LUIS OBISPO  
 FT PIERCE FL 34951** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 Sawyer, BARBARA J.  
 4272 South US 301 #236  
 Bushnell FL 33513** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 STRAZZA, M. CATHERINE  
 P.O. BOX 1720  
 KETCHUM ID 83340** ☐ Delete

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

TITLE  
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☐ Change ☐ Addition

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:

*Barbara J. Sawyer*

**BARBARA J. SAWYER**

**2-02-02**

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

Date

Daytime Phone #

CR2E083 (9/01)