2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000015736

1. *Entity Name*
S&S ENTERPRISES OF HOLLYWOOD, L.L.C.

Principal Place of Business	Mailing Address
15414 N.W. 34TH AVE. MIAMI, FL 33054	15414 N.W. 34TH AVE. MIAMI, FL 33054

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03182005No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-6382721
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WOOD, RICHARD A ESQ.
100 S.E. 2ND ST., 17TH FLOOR
MIAMI, FL 33131

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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 Lorraine Grefe', Lorraine Grefe' 3/30/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

U00000284202
04/01/05-80056-020 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	GREFE', LORRAINE
STREET ADDRESS	15414 NW 34 AVENUE
CITY-ST-ZIP	MIAMI, FL 33054
TITLE	MGR
NAME	GALLAGHER, MICHAEL
STREET ADDRESS	15414 NW 34 AVENUE
CITY-ST-ZIP	MIAMI, FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Lorraine Grefe' Lorraine Grefe' 3-30-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #