

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90177 032 ****50.00

DOCUMENT # L01000016190

1. Entity Name
S&D COMPANY L.C.



Principal Place of Business
**2325 SE FEDERAL HWY
13
STUART, FL 34994**

Mailing Address
**2325 SE FEDERAL HWY
13
STUART, FL 34994**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

65-1147484

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

**HARRIS, DOLLIE S
5762 OKEECHOBEE BLVD #121
WEST PALM BEACH, FL 33417**

Name **DOLLIE S. HARRIS**

Street Address (P.O. Box Number is Not Acceptable)
2325 SE FEDERAL HWY #13

City **STUART**

FL

Zip **34994**

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

Dollie S. Harris

2/16/06

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
NAME **HARRIS, DOLLIE S**
STREET ADDRESS **5762 OKEECHOBEE BLVD. #121**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE ☐ Change ☐ Addition
NAME **HARRIS, DOLLIE S.**
STREET ADDRESS **2325 SE FEDERAL HWY #13**
CITY-ST-ZIP **STUART, FLA. 34994**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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:

Dollie S. Harris **DOLLIE S. HARRIS**

2/16/06

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

Date

Deputy State