

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State
04-16-2002 90091 029 ****50.00

DOCUMENT # *L01000018496*
1. Entity Name
S+S Construction Products L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2025 NW 15 Ave.
Suite, Apt. #, etc.

3. Mailing Address
2025 NW 15 Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pompano Beach FL

City & State
Pompano Beach FL

4. FEI Number
65-1148219

Applied For
Not Applicable

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

Zip
33069

Country
Broward

Zip
33069

Country
Broward

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Anthony Sardinia

Street Address (P.O. Box Number is Not Acceptable)
2025 NW 15 Avenue

City
Pompano Beach **FL** Zip Code
33069

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

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MGRM Anthony Sardinia 2025 NW 15 Avenue Pompano Beach, FL 33069</i>	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 *[Signature]* **4-4-02** **954-969-0091**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #