

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # L01000016577

1. Entity Name
S & P ADVISORS, L.L.C.



Principal Place of Business

**5900 BROKEN SOUND PARKWAY
THIRD FLOOR
BOCA RATON, FL 33487**

Mailing Address

**5900 BROKEN SOUND PARKWAY
THIRD FLOOR
BOCA RATON, FL 33487**



01082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1139038

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SEIDMAN, NEIL
5900 BROKEN SOUND PARKWAY NW
THIRD FLOOR
BOCA RATON, FL 33487**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000895391
04/24/08-80089-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEIDMAN, NEIL 5900 BROKEN SOUND PKWY, THRID FLOOR BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PREWITT, J. COLEMAN 5900 BROKEN SOUND PKWY, NW, THRID FLOOR BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIBELLO, DARIN A 5900 BROKEN SOUND PKWY, NW, THRID FLOOR BOCA RATON, FL 33487
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IN THIS SPACE**

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

2/19/08 561-226-9365
Date Daytime Phone #