

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020721

Entity Name: S & L, LLC

FILED  
Mar 10, 2005  
Secretary of State

**Current Principal Place of Business:**

3890 TURTLE CREEK DR., STE. A  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

3890 TURTLE CREEK DR., STE. A  
PORT ORANGE, FL 32127

**New Mailing Address:**

FEI Number: 59-3579452

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOOD, CHARLES D JR.  
444 SEABREEZE BLVD., STE. 900  
DAYTONA BEACH, FL 32118 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: LECOMPTE, E. JOSEPH  
Address: 3890 TURTLE CREEK DR., STE. A  
City-St-Zip: PORT ORANGE, FL 32127

Title: MGR ( ) Delete  
Name: STAUDT, EDWARD  
Address: 944 BRIDGEWATER DRIVE B2  
City-St-Zip: PORT ORANGE, FL 32129

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DR. E. JOSEPH LECOMPTE

MGR

03/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date