

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020721

Entity Name: S & L, LLC

FILED
May 21, 2007
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: 59-3759452 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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/MANAGERS:

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 exemption stated in Chapter 119, 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: JOSEPH LECOMPTE

DR.

05/21/2007

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