4/8/02

FILED
May 29, 2002 8:00 am
Secretary of State
04-08-2002 90209 005 ****55.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000021063

1. Entity Name
SNS ENTERPRISES LLC

[redacted]

86881

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4284	4284 A
Suite, Apt. #, etc.: A	Suite, Apt. #, etc.
City & State: WEST PALM BCH FL	City & State: WEST PALM BCH FL
Zip: 33409 / Country: PLM BCH	Zip: 33409 / Country: PLM BCH

4. FEI Number: 01-0605577 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: ~~JOHN C. STAFFO~~
Street Address (P.O. Box Number is Not Acceptable): 4284 A WOODSTOCK DR
City: West PLM BCH FL Zip Code: 33409

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	~~PRESIDENT~~ MGRM	TITLE	
NAME	JOHN C. STAFFO	NAME	
STREET ADDRESS	4284 A WOODSTOCK DR	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL 33409	CITY-ST-ZIP	
TITLE	~~CEO~~ MGRM	TITLE	
NAME	DAVID W. SPAEL	NAME	
STREET ADDRESS	11-C AMHERST CT	STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BCH FL 33410	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E083B (12/01)

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: John C. Staffo 4/02/02 561-719-8867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #