

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000000530**

1. Entity Name  
**S & S OF SOUTHWEST FLORIDA, LLC**



Principal Place of Business  
**6400 TECHSTER BOULEVARD  
 FORT MYERS, FL 33912**

Mailing Address  
**6400 TECHSTER BOULEVARD  
 FORT MYERS, FL 33912**



02022006 No Chg-LLC

CRZE063 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0626872**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**COSTELLO, TRUMAN J ESQUIRE  
 BRITTANY PROFESSIONAL CENTER  
 12670 NEW BRITTANY BLVD., SUITE 101  
 FORT MYERS, FL 33907**

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **P**  
 NAME **MARINO, STEVEN L**  
 STREET ADDRESS **6400 TECHSTER BLVD.**  
 CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE **MGRM**  
 NAME **MARINO, SHARON L**  
 STREET ADDRESS **5804 CRUISER WAY**  
 CITY-ST-ZIP **TAMPA, FL 33615**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

000000487424  
 04/13/06-80077-013 50.00

**DO NOT WRITE  
 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

*3/29/06* (239) 433-3344  
 Date Daytime Phone #