

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

09-11-2003 90042 031 *****00

L02000003190

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 29 PM 12:57

DOCUMENT # L02000003190

1. Entity Name

S&B OF FLORIDA, LLC



Principal Place of Business

2126 UNIVERSITY DRIVE SOUTH
CLEARWATER FL 33764

Mailing Address

2126 UNIVERSITY DRIVE SOUTH
CLEARWATER FL 33764

2. Principal Place of Business

3610 SOUTH CARTEE ST.

Suite, Apt. #, etc.

3. Mailing Address

3610 SOUTH CARTEE ST.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

45-0469660

Applied For

Not Applicable

Zip

33629

Country

USA

Zip

33629

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

JEFFREY S. LARGUIER

Street Address (P.O. Box Number is Not Acceptable)

3610 SOUTH CARTEE STREET

City

TAMPA

FL

Zip Code

33629

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]

JEFFREY SCOTT LARGUIER

8-22-03

(Signature by registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME *Major* William A. Ferraro
STREET ADDRESS 10404 Applecross Lane
CITY-ST-ZIP TAMPA, FL 33626 *PARTNER*

☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME *Major* JEFFREY SCOTT LARGUIER
STREET ADDRESS 3610 SOUTH CARTEE STREET
CITY-ST-ZIP TAMPA, FL 33629 *PARTNER*

☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

JEFFREY SCOTT LARGUIER

8-22-03 7276380311

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)