

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000003454

Entity Name: S SUGAR, LLC

**FILED**  
**May 01, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

P.O. BOX 1087  
LAKE PLACID, FL 33862

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1087  
LAKE PLACID, FL 33862

**New Mailing Address:**

FEI Number: 01-0629177      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:**

MARTIN, MIRTHA VALDES, CPA  
420 SOUTH COUNTRY CLUB ROAD  
LAKE MARY, FL 32746      US

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

MARTIN, MIRTHA V CPA  
420 SOUTH COUNTRY CLUB ROAD  
LAKE MARY, FL 32746      US

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: MIRTHA VALDES MARTIN CPA

05/01/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: KARLSON, PAMELA  
Address: 531 DEEN BLVD.  
City-St-Zip: LAKE PLACID, FL 33852

**ADDITIONS/CHANGES:**

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 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: PAMELA KARLSON

MGRM

05/01/2006

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