

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000003660

1. Entity Name
S&I VENTURES, LLC



Principal Place of Business
1527 MISSOURI AVE. SOUTH
CLEARWATER, FL 33756

Mailing Address
1527 MISSOURI AVE. SOUTH
CLEARWATER, FL 33756

DO NOT WRITE IN THIS SPACE



02282006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
01-0597985

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, JUAN
1527 MISSOURI AVE. SOUTH
CLEARWATER, FL 33756

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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**

11000001509580
04/28/06-80048-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
VAZQUEZ, JUAN
1527 S. MISSOURI AVE
CLEARWATER, FL 33756

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

4/3/06
Date

727-461-8432
Daytime Phone #