

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000006962**

1. Entity Name  
**S&S RENTALS, L.L.C.**



Principal Place of Business  
**400 HIGH POINT DRIVE, SUITE 500  
COCOA, FL 32926**

Mailing Address  
**400 HIGH POINT DRIVE, SUITE 500  
COCOA, FL 32926**



02062007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2751366**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

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

**S&S ENTERPRISES, INC.  
400 HIGH POINT DRIVE, SUITE 500  
COCOA, FL 32926**

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	SIMPKINS, B.W. TRUSTEE
STREET ADDRESS	400 HIGH POINT DRIVE, SUITE 500
CITY-ST-ZIP	COCOA, FL 32926
TITLE	MGR
NAME	SHERIFF, F.A. TRUSTEE
STREET ADDRESS	400 HIGH POINT DRIVE, SUITE 500
CITY-ST-ZIP	COCOA, FL 32926
TITLE	MGR
NAME	S&S ENTERPRISES, INC.
STREET ADDRESS	400 HIGH POINT DRIVE, SUITE 500
CITY-ST-ZIP	COCOA, FL 32926
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/29/07-80022-009 55.00

**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:** B.W. Simpkins

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

3-15-07

Date

321-636-0200

Daytime Phone #