

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90041 022 \*\*\*\*50.00

DOCUMENT # L02000014167

1. Entity Name  
S & M SERVICES, LLC



Principal Place of Business  
6907 SOUTHERN BOULEVARD  
WEST PALM BEACH, FL 33413

Mailing Address  
6907 SOUTHERN BOULEVARD  
WEST PALM BEACH, FL 33413



2. Principal Place of Business

3. Mailing Address

8660 Thousand Pines Circle  
City & State: West Palm Beach, FL  
Zip: FL, Country: USA

8660 Thousand Pines Circle  
City & State: West Palm Beach, FL  
Zip: 33411, Country: USA

03192006 Chg-LLC CR2E083 (11/05)

4. FEI Number 38-3652451 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, RICHARD T 901 No. Olive Ave.  
250 AUSTRALIAN AVENUE SOUTH, SUITE 1601  
WEST PALM BEACH, FL 33401

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGR MURPHY, HAROLD ☒ Delete  
STREET ADDRESS 6907 SOUTHERN BOULEVARD  
CITY-ST-ZIP WEST PALM BEACH, FL 33413

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

TITLE NAME MGR SANSBURY, JOHN ☐ Delete  
STREET ADDRESS 8660 Thousand Pines Cir.  
CITY-ST-ZIP 6907 SOUTHERN BOULEVARD 33411

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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 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] 4/10/06 561-793-4967  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #