2007 LIMITED LIABILITY COMPANY

FILED Mar 05, 2007 08:00 AN Secretary of State

	AN	INUAL	REP	ORT	(AR)	
DOCUMENT	Γ#	L0200001	4825	• · ·		ىد .

1. Entity Name

S3 PRODUCTS, LLC Principal Place of Business Mailing Addross

1320 13TH TERRACE PALM BEACH GARDENS FL 33418 1320 13TH TERRACE PALM BEACH GARDENS FL 33418



Z. Filliospan	FIACO OF BUSINESS - NO P.O. BOX #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #. etc.	1st	MOORE	CR2E083	(10/06)		
City & State		City & State		4. FEI Numbe	74 20512	4 <i>E</i>	P	pplied For
					74-30512			lot Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired		\$5.00 Ac Fee Requir	lditional ed
	6. Name and Address of Current Re	gistered Agent		7. Name and	Address of New	Registered	Agent	
GARY, JOHN W III GARY, DYTRYCH & RYAN, P.A.			Name			~		
			Street	Street Address (P:O. Box Number is Not Acceptable)				
701 U.S. HWY ONE, STE, 402							<u> </u>	
N. PALM BEACH FL 33408						<u>.</u>		
			City			FL	Zip Co	de
8. The above	named ontity submits this statement for the	ne purpose of changing its re	egistered office	or registered agent, or bot	h, in the State of F	lorida, I am	amiliar with	, and accept
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	Registered Agent signs	Nure required when reinstaging)	<u> </u>	DATE		
		```	WIII FEE IS	1	<del></del>		·	
		Make Check Payable						
		· -	By May 1, 200	77	Uggggo	955197	سر سرسو درا	
9,	MANAGING MEMBERS		10.		03/13/07-6	SUUMB-UE S/CHANGES	1 50.0	U
IIIT	P	□ Delete	THE		ACCITION	D) OI INÍVERS	☐ Change	
NAME	WALKER, BARRY J		NAME				CT Olitalde	
STREET ADDRESS	1320 13TH TERRACE		STREET ADDRESS					
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		CITY-ST-ZIP					
MILE	VPS	☐ Delete	IIIIT				☐ Change	Addition
NAME	SHANNER, DAVID		NAME					
STREET ADDRESS CITY-ST-ZIP	1745 SCHOOLHOUSE RD		STREET ADDRESS					
	AMBLER PA 19002		CITY-ST-ZIP	<u> </u>				
TITLE NAME	VP	☐ Delete	EITEE Name				Change	Addition
STREET ADORESS	TURNBULL, JOHN 610 HYDE RUN DR		S IREET ADDRESS					
CITY SI-ZIP	WILMINGTON DE 19808		CLTY-ST: ZIP					
MILE	MGRD	☐ Defete	IIILE				☐ Change	☐ Addition
NAME	LEWELLYN, DAVID L		NAME.					_ {
STREET ADDRESS	392 COCONUT CIR		STREET ADDRESS					
CITY ST-ZIP	WESTON FL 33326		CITY-ST-ZIP	<u> </u>				
TITLE	MGRD	☐ Delete	TILL				Change	☐ Addition
NAME STREET ADDRESS	WALKER, JEFREY 3500 MARIGOLD CT., #2		NAME Sireei address					
CITY-SI-ZIF	PALM BEACH GARDENS FL 33410		CITY-SI ZIP					
INTE	MGRD	Defete	TITLE				Change	Addition
NAME	IOVICI, NICOLAE	<u> □ 50000</u>	NAME					
STREET ADDRESS	392 BISCAYNE AVE		STREET ADDRESS					-
CITY ST ZIP	KEY BISCAYNE FL		CITY-SI-ZIP					

11. I hereby certily that the information supplied with this filing does not qualify for the exemptions contained in Section 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.