

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


FILED
Mar 16, 2006 8:00 am
Secretary of State

03-01-2006 90319 001 ***100.00

30002620



1st MOORE CR2E083 (10/05)

DOCUMENT # L02000015206					
1. Entity Name S & R, LLC					
Principal Place of Business 516 CHARLES PLACE BRANDON FL 33510			Mailing Address 516 CHARLES PLACE BRANDON FL 33510		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 76-0703667	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TULIN, RONALD S 1303 NORTH WHEELER STREET PLANT CITY FL 33566			7. Name and Address of New Registered Agent		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MUGA, SYLVIA J 516 CHARLES PLACE BRANDON FL 33511	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify 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 60B, Florida Statutes.					
SIGNATURE: <i>Sylvia Muga</i>			Date: <i>3/13/06</i>		Daytime Phone #: <i>813-707-1488</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



ATTACHMENT
30002620

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2006

S & R, LLC
516 CHARLES PLACE
BRANDON, FL 33510

Subject: S & R, LLC

Reference Number: **L02000015206**

Please be advised, we have received your annual report/uniform business report and check(s) totaling \$100.00 of which \$50.00 has been designated to file this report. However, the enclosed annual report/uniform business report **has not been filed** and a copy is being returned to you for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/mh

ANNUAL REPORTS SECTION