

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000022433**

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



Principal Place of Business

**21275 OLEAN BOULEVARD  
PORT CHARLOTTE, FL 33952**

Mailing Address

**21275 OCEAN BLVD  
PORT CHARLOTTE, FL 33952**

**DO NOT WRITE IN THIS SPACE**



01052006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**14-1872239**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SPADAFORA, JOSEPH  
21275 OLEAN BLVD  
PORT CHARLOTTE, FL 33952**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME SPADAFORA, JOSEPH  
STREET ADDRESS 21275 OLEAN BLVD.  
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE MGR  
NAME SCHAIBLE, ERIC  
STREET ADDRESS 21275 OLEAN BLVD.  
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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04/18/06-80041-012 50.00

**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 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

Date

Daytime Phone #

02/20/06

941-625-1