## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000028678

Entity Name: S3L, LLC

Address:

City-St-Zip:

2560 ASHTON ROAD REAR

SARASOT, FL 34232

FILED May 02, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place of Busin	New Principal Place of Business:	
3510 NORTH LOCKWOOD ROAD SARASOTA, FL 34234		10 SARASOTA CENTER BLVD SARASOTA, FL 34240	10 SARASOTA CENTER BLVD SARASOTA, FL 34240	
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
3510 NORTH LOCKWOOD ROAD SARASOTA, FL 34234		10 SARASOTA CENTER BLVD SARASOTA, FL 34240	10 SARASOTA CENTER BLVD. SARASOTA, FL 34240	
In accordan	: 27-0034613 FEI Number Applied For ( ) ice with s. 607.193(2)(b), F.S., the limited liability I Address of Current Registered Agent	company did not receive the prior notice.	icate of Status Desired (X)	
SLOAN, GREG S 3510 NORTH LOCKWOOD ROAD SARASOTA, FL 34234 US		SLOAN, GREG S 2818 NORTHWOOD CIRCLE SARASOTA, FL 34234 US	2818 NORTHWOOD CIRCLE	
	named entity submits this statement for e of Florida.	he purpose of changing its registered office o	r registered agent, or both	
SIGNATUR	RE:		05/02/2005	
	Electronic Signature of Registered	Agent	Date	
MANAGING MEMBERS/MEMBERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete SLOAN, GREG S 2818 NORTHWOOD CIRCLE SARASOTA, FL 34234	Title: ( ) Change Name: Address: City-St-Zip:	e ( ) Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete SLOAN, STACY A 2818 NORTHWOOD CIRCLE SARASOTA, FL 34234	Title: ( ) Change Name: Address: City-St-Zip:	e ( ) Addition	
Title: Name: Address: City-St-Zip:	MGRM ( ) Delete SLOAN, DWAYNE E 4822 SHADYVIEW COURT SARASOTA, FL 34232	Title: ( ) Change Name: Address: City-St-Zip:	e ( ) Addition	
Title: Name:	MGRM () Delete LAY, RON S	Title: ( ) Change Name:	e ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: STACY SLOAN MGRM 05/02/2005