

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

04-21-2003 90135 043 ****50.00

DOCUMENT # L02000031077

1. Entity Name
S&T, LLC



Principal Place of Business
**4171 NORTH HAVERHILL ROAD
#1007
WEST PALM BEACH FL 33417**

Mailing Address
**4171 NORTH HAVERHILL ROAD
#1007
WEST PALM BEACH FL 33417
US**

55038308



2. Principal Place of Business
13889 WELLINGTON TRACE C/O PATTI'S PARLOR
Suite, Apt. #, etc.
A7

3. Mailing Address
13889 WELLINGTON TRACE A7
Suite, Apt. #, etc.
A7

☐ CHECK HERE IF MAKING CHANGES

City & State
WELLINGTON, FL.
Zip
33414
Country
PAUM BEACH

City & State
WELLINGTON, FL
Zip
33414
Country
PAUM BEACH

4. FEI Number
11-3664886

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAWING, ALVIN T JR.
4171 HAVERHILL ROAD
#1007
WEST PALM BEACH FL 33417**

7. Name and Address of New Registered Agent

Name
ALVIN T. LAWING JR
Street Address (P.O. Box Number is Not Acceptable)
**13889 WELLINGTON TRACE A7
C/O PATTI'S PARLOR**
City
WELLINGTON FL Zip Code
33417

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 site if applicable

(NOTE: Registered Agent signature required when making change)

DATE

Alvin T. Lawing Jr. 4.16.03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MBAM	<input type="checkbox"/> Delete
NAME	ALVIN T. LAWING JR	
STREET ADDRESS	13889 WELLINGTON TRACE A7	
CITY-ST-ZIP	WELLINGTON, FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Alvin T. Lawing Jr. **ALVIN T. LAWING JR.** 4.16.03

(561) 793-9110

CR2E083 (10/02)