


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000000689</b> 1. Entity Name <b>S &amp; S SITE PREP, LC</b>	
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Principal Place of Business <b>167 GRAND AVE MASARYKTOWN, FL 34609 US</b>	Mailing Address <b>167 GRAND AVE MASARYKTOWN, FL 34609 US</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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04092008No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>04-3737783</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>SANDLIN, PATRICIA ANN T 167 GRAND AVE MASARYKTOWN, FL 34604</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>U00000940350</b> <b>05/21/08-00063-005 150.00</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANDLIN, PATRICIA 167 CRAND AVE MASARYKTOWN, FL 34604
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<b>U00000940350</b> <b>05/28/08-80063-006 138.75</b>
<b>DO NOT WRITE IN THIS SPACE</b>

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 the limited liability company or the receiver, or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

<b>SIGNATURE:</b> <i>Patricia Sandlin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>4/25/2008</b> <small>Date</small>	<b>352-799-5865</b> <small>Daytime Phone #</small>
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