

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004583

Entity Name: S&H, LLC

FILED
Jul 10, 2006
Secretary of State

Current Principal Place of Business:

1844 N DIXIE HWY
FORT LAUDERDALE, FL 33305 US

New Principal Place of Business:

Current Mailing Address:

1844 N DIXIE HWY
FORT LAUDERDALE, FL 33305 US

New Mailing Address:

FEI Number: 02-0672838 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOLLINGSWORTH, PAMELA
1844 N DIXIE HWY
FORT LAUDERDALE, FL 33305 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOLLINGSWORTH, PAMELA
Address: 1844 N DIXIE HWY
City-St-Zip: FT LAUDERDALE, FL 33305

Title: MGR () Delete
Name: KAUR, HARVINDER
Address: 10642 MAPLE CHASE DR
City-St-Zip: BOCA RATON, FL 33498

Title: MGR () Delete
Name: HOLLINGSWORTH, LESLIE
Address: 1844 N DIXIE HWY
City-St-Zip: FT LAUDERDALE, FL 33305

Title: MGR () Delete
Name: SINGH, AVTAR
Address: 10642 MAPLE CHASE DR
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: PAMELA HOLLINGSWORTH

MGR

07/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date