FROM : DAVID'LWORLD. FAX NO. : 14074227427

FILED
Apr 15, 2008 8:00 am
Secretary of State
04-15-2008 90113 032 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000007292

1. Entity Name
S & S CAPITAL, LLC

60023543

Principal Place of Business	Mailing Address
580 OLOLU DRIVE WINTER PARK, FL 32789	580 OLOLU DRIVE WINTER PARK, FL 32789

03312008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box#	3. Mailing Address
2517 Edgewater Dr Suite, Apt. #, etc.	2517 Edgewater Dr Suite, Apt. #, etc.
City & State: Orlando FL.	City & State: Orlando Fl.
Zip: 32804 County: Orange	Zip: 32804 County: Orange

4. FEI Number 43-2000934 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANBORN, DAVID ~~580 OLOLU DRIVE~~ ~~WINTER PARK, FL 32789~~ 1111 Latta Ln Orlando Fl. 32804	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ 4/1/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM SANBORN, SUSAN H 580 OLOLU DRIVE WINTER PARK, FL 32789	☒ Delete No More	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SANBORN, DAVID 580 OLOLU DRIVE WINTER PARK, FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: _____ 4/1/2008 407 492 4459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #