

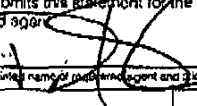
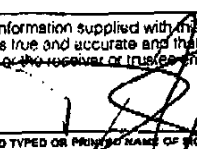
FROM : DAVID*WORLD.

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																											
Principal Place of Business 580 OLOLU DRIVE WINTER PARK, FL 32789		Mailing Address 580 OLOLU DRIVE WINTER PARK, FL 32789																									
2. Principal Place of Business - No P.O. Box 2517 Edgewater Dr Suite, Apt. #, etc.		3. Mailing Address 2517 Edgewater Dr Suite, Apt. #, etc.																									
City, State Orlando FL		City, State Orlando FL																									
Zip 32804	County Orange	Zip 32804	County Orange																								
6. Name and Address of Current Registered Agent SANBORN, DAVID 580 OLOLU DRIVE WINTER PARK, FL 32789		7. Name and Address of New Registered Agent 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.		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																									
SIGNATURE  (Signature, typed or printed name of registered agent and 30-day guarantee.)		DATE 4/1/2008 (NOTE: Registered Agent signature required when reappointing.)																									
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$638.75		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																									
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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: 		DATE 4/1/2008 407 492 4459																									
SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE																									

60023543



03312008 Chg-LLC CR2E063 (12/06)

4. FEI Number 43-2000934 Applied For Not Applicable

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$638.75

Make check payable to
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No More

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DATE

Daytime Phone #