


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90347 005 ****50.00

DOCUMENT # L03000008189 1. Entity Name SS & SONS, L.L.C.					
Principal Place of Business 6481 SW OWENS SCHOOL STREET ARCADIA, FL 34266			Mailing Address PO BOX 1154 ARCADIA, FL 34265		
2. Principal Place of Business 203 West Oak St.		3. Mailing Address 203 West Oak St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Arcadia, FL		City & State Arcadia, FL		4. FEI Number 90-0068703	
Zip 34266		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDERS, SANDRA L 124 NORTH BREVARD AVENUE ARCADIA, FL 34266		7. Name and Address of New Registered Agent Name Sandra L. Sanders Street Address (P.O. Box Number is Not Acceptable) 203 West Oak St. City Arcadia FL Zip Code 34266			
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 <u><i>Sandra Sanders</i></u> Sandra Sanders 3-26-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANDERS, SANDRA L PO BOX 1154 ARCADIA, FL 34265	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sandra L. Sanders 203 West Oak St. Arcadia, FL 34266	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sandra L. Sanders 203 West Oak St. Arcadia, FL 34266	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sandra L. Sanders 203 West Oak St. Arcadia, FL 34266	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sandra L. Sanders 203 West Oak St. Arcadia, FL 34266	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Sandra Sanders</i></u> Sandra Sanders 3-26-04 863-491-5003 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					