


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000018888 1. Entity Name S. F. PRODUCTS, LLC	
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Principal Place of Business 318 INDIAN TRACE SUITE 315 WESTON, FL 33326 US	Mailing Address PO BOX 56 MARCO ISLAND, FL 34146 US
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01152006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
16-1671663

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HAUSLER, GARY ATTY. 950 NORTH COLIER BLVD #301 MARCO ISLAND, FL 34145
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

000000505554
04/26/06-80119-018 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOUGLAS, MEESTER PO BOX 56 MARCO ISLAND, FL 34146
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IN THIS SPACE**

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:  - Douglas Meester - Mgr **7 April 2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # **239.394.57**