

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L03000028044**

1. Entity Name  
**S & D, LLC**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP 13 AM 10:21

Principal Place of Business  
**3815 SOUTH DIXIE HIGHWAY  
WEST PALM BEACH, FL 33405**

Mailing Address  
**3815 SOUTH DIXIE HIGHWAY  
WEST PALM BEACH, FL 33405**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09092005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**16-1684240**

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**

**CONNELY, DENISE  
3815 S. DIXIE HWY  
WEST PALM BEACH, FL 33405**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by September 7, 2005

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE **P** ☐ Delete  
NAME **CONNELY, STEPHAN**  
STREET ADDRESS **3815 S. DIXIE WHY**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33405**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **CONNELY, DENISE**  
STREET ADDRESS **3815 S. DIXIE WHY**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33405**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ST** ☐ Delete  
NAME **CONNELY, GINA**  
STREET ADDRESS **3815 S. DIXIE WHY**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33405**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**300059749903**  
**09/13/05--01059--027 \*\*50.00**

**9/14/05** **059-673-1875**