

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 14, 2004 8:00 am
Secretary of State

09-14-2004 90067 002 ****50.00

DOCUMENT # L03000028840

1. Entity Name
S & A GROUP, LLC



Principal Place of Business
**9025 VINEYARD LAKE DR.
PLANTATION, FL 33324**

Mailing Address
**9025 VINEYARD LAKE DR.
PLANTATION, FL 33324**

2. Principal Place of Business
9311 N.W. 10th Ct
Suite, Apt. #, etc.

3. Mailing Address
9311 N.W. 10th Ct.
Suite, Apt. #, etc.



09102004 Chg-LLC CR2E083 (10/03)

City & State
Plantation, FL

City & State
Plantation, FL

4. FEI Number
61-1454826

Applied For
☐ Not Applicable

Zip Country
33322 U.S.

Zip Country
33322 U.S.

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

6. Name and Address of Current Registered Agent

**WELCH, ISA
9025 VINEYARD LAKE DR.
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name **Isa Welch**

Street Address (P.O. Box Number is Not Acceptable)
9311 N.W. 10th Ct.

City **Plantation**

FL

Zip Code **33322**

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 8, 2004**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **President** ☐ Delete
NAME **Isa Welch**
STREET ADDRESS **9311 N.W. 10th Ct.**
CITY-ST-ZIP **Plantation, FL 33322**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

Isa Welch

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

Date

Daytime Phone #