

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90132 035 \*\*\*\*50.00

**DOCUMENT # L03000032984**

1. Entity Name  
**SNS, L.L.C.**



Principal Place of Business  
**5584 OAK GROVE CT.  
SARASOTA, FL 34233**

Mailing Address  
**PO BOX 20544  
SARASOTA, FL 34276**

**60004130**



01162007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**05-0586323**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SCHWAB, JOSEPH TROY  
5584 OAK GROVE CT.  
SARASOTA, FL 34233**

**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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SCHWAB, JOSEPH TROY
STREET ADDRESS	5584 OAK GROVE CT.
CITY - ST - ZIP	SARASOTA, FL 34233
TITLE	MGRM
NAME	SCHWAB, JOSEPH JOHN
STREET ADDRESS	1657 RIDGEWOOD LANE
CITY - ST - ZIP	SARASOTA, FL 34231
TITLE	MGRM
NAME	NELSON, GUSTAV ERIC
STREET ADDRESS	3382 SAVAGE ROAD
CITY - ST - ZIP	SARASOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
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:**

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

Date

Daytime Phone #

1/16/07

941-924-7882