## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **FILED** Jan 25, 2008 8:00 am Secretary of State 01-25-2008 90087 035 \*\*\*138.75

DOCUMENT # L03000032984  1. Entity Name SNS, L.L.C.					01-25-2008 90087 035 ***138.75			
Principal Place of Business 5584 OAK GROVE CT: SARASOTA, FL 34233		Mailing Address PO BOX 20544 SARASOTA, FL 34276			συσυσυσυ			
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01222008	Chg-LLC C	R2E083 (12/06)		
City & State		City & State		4. FEI Num 05-05	ber 86323	<u> </u>	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificat	e of Status Desired	\$5.00 Add Fee Required		
5584 OAK	JOSEPH TROY GROVE CT. A, FL 34233		Street 34//	Same Address (P.O. Box Num 4 Found ARASOTA	ber is Not Acceptable)	)∕⁄ . FL ૐ Code		
	named entity submits this statement ions of registered agent.  Signature, typed or printed name of registered age	MU			JAN 2			
	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.7	75				eck payable to partment of State	<b>,</b>	
9.		BERS/MANAGERS	10.		ADDITIONS/CHA		-=	
NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWAB, JOSEPH TROY 5584 OAK GROVE CT. SARASOTA, FL 34233	☐ Delete	NAME STREET ADDRESS CITY-S1-ZIP	3414 FOUR	NDERS QUB A. FL 3404	Ø Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWAB, JOSEPH JOHN 1657 RIDGEWOOD LANE SARASOTA, FL 34231	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			Change	Addition	
THLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NELSON, GUSTAV ERIC 3382 SAVAGE ROAD SARASOTA, FL 34231	☐ Delete	IITLE NAME STREET ADDRESS CITY-ST-ZIP	5		☐ Change	Addition	
NAME STREET ADDRESS CITY-S1-ZIP		☐ Delele	TITLE NAME STREET ADDRESS CITY - ST- ZIP	5		☐ Change	Addition	
IITLE NAMÉ STREET ADDRESS C(TY-ST-ZIP		☐ Delele	TITLE NAME STREET ADDRESS CITY - S1 - ZIP	s		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	s		☐ Change	☐ Addition	
indicated limited lia	certify that the information supplied we not this report is true and accurate a ability company or the receiver or trus	with this filling does not qualify ind that my signature shall hav tee empowered to execute the	for the exemptions of the same legal elister of as require	contained in Chapter 11 ffect as if made under or d by Chapter 608, Florid	9, Florida Statutes, I furthe ath; that I am a managing la Statutes.	member or manage	ormation or of the	
SIGNAT	SIGNATURE AND TYPED OR PRINTED NAM	E OF SIGNING MANAGING MEMBER, M	ANAGER, OR AUTHORIS	ED REPRESENTATIVE	Dale	Daylime Phone #		