2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L03000032984

Entity Name: SNS, L.L.C.

Current Principal Place of Business:

5584 OAK GROVE CT.
SARASOTA, FL 34233

New Principal Place of Business:

5701 DEREK AVE
SARASOTA, FL 34233

Current Mailing Address:

PO BOX 20544
SARASOTA, FL 34276

New Mailing Address:

FEI Number: 05-0586323 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHWAB, JOSEPH TROY
3414 FOUNDERS CLUB DR
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

SCHWAB, JOSEPH TROY
5701 DEREK AVE
SARASOTA, FL 34233 US

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.

SIGNATURE: JOSEPH T. SCHWAB 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SCHWAB, JOSEPH TROY
Address: 3414 FOUNDERS CLUB DR
City-St-Zip: SARASOTA, FL 34240

Title: MGRM ( ) Delete
Name: SCHWAB, JOSEPH JOHN
Address: 1657 RIDGEWOOD LANE
City-St-Zip: SARASOTA, FL 34231

Title: MGRM ( ) Delete
Name: NELSON, GUSTAV ERIC
Address: 3382 SAVAGE ROAD
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH T. SCHWAB MR. 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date