2004 LIMITES LIABILITY COMPANY ANNUAL REPORT

FILED **DOCUMENT # L03000034106** 1. Entity Name S & S HOME IMPROVEMENTS, LLC 04 OCT - I PM 3: 49 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 19420 VIADEL MAR 19420 VIADEL MAR APT. #308 APT. #308 TAMPA, FL 33647 **TAMPA FL 33647** Mailing Address P. O Box 2. Principal Place of Business 27008 falmet 15201 Suite, Apt. #, etc. Suite, Apt. #, etc. 09272004 Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For City & State City & State PSley C Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent Name SIMMONS, RUSSELL B SR. Street Address (P.O. Box Number is Not Acceptable) 3314 HENDERSON BLVD. **SUITE 100 TAMPA, FL 33609** City 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 8, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR Change TITLE ☐ Defete TITLE ☐ Addition SIMMONS, RUSSELL B JR. NAME MAINE 10936 Wintercrest Orive Riverview F1 33569 3704 GREENFORD ST. STREET ADORESS STREET ADDRESS VALRICO, FL 33594 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition SLAUGHTER, ERICK L NAME MAME 27008 Palmetto Bend Drive Wesley Chapel FI 33543 STREET ADDRESS 19420 VIADEL MAR APT, #308 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33647 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME 400041568954 STREET ADDRESS STREET ADDRESS 10/04/04--01028--013 **55.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this fitting 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 eath; 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.

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE AND TYPED OR PRINTED NAME OF SIG