


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

**Jan 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000054108</b>	
1. Entity Name <b>S &amp; D MOTORS, LLC</b>	

Principal Place of Business <b>2261 W. 76TH STREET HIALEAH, FL 33016</b>	Mailing Address <b>2261 W. 76TH STREET HIALEAH, FL 33016</b>
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**DO NOT WRITE IN THIS SPACE**



01042007No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-0682979</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DUKE, SHARON  
2261 W. 76TH STREET  
HIALEAH, FL 33016**

**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 *Sharon Duke* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

000000587582  
01/17/07-80038-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DUKE, SHARON 2261 W. 76TH STREET HIALEAH, FL 33016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DUKE, DANIEL 2261 W. 76TH STREET HIALEAH, FL 33016</b>
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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: *Sharon Duke* *SHARON DUKE* 1/11/07 305-358-6244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #