


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90038 049 \*\*\*\*\*50.00

<b>DOCUMENT # L03000054495</b> 1. Entity Name <b>S &amp; R SERVICES, LLC</b>																					
Principal Place of Business <b>3327 CRIMSON LANE DELTONA, FL 32738 US</b>			Mailing Address <b>3327 CRIMSON LANE DELTONA, FL 32738 US</b>																		
2. Principal Place of Business		3. Mailing Address																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																			
City & State		City & State																			
Zip	Country	Zip	Country	4. FEI Number <b>20-0499198</b>																	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable																	
6. Name and Address of Current Registered Agent  <b>ALLMAN, RUSSELL 3327 CRIMSON LANE DELTONA, FL 32738</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																					
Filing Fee is \$50.00 Due by May 1, 2004		<b>Make check payable to Florida Department of State</b>																			
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11. I hereby certify that the information supplied with this filing 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 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:** Russell Allman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4-23-04** **386**  
**848-3925**