

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054749

Entity Name: 4S, LLC

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

8537 NW 45 STREET
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

8537 NW 45 STREET
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OKUOGLU, GUL
5566 LEITNER DRIVE WEST
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: OKCUOGLU, GUL
Address: 5566 LEITNER DRIVE WEST
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGRM () Delete
Name: OZKAN, MUSTAFA S
Address: 8537 NW 45 STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM () Delete
Name: OZKAN, AYSE S
Address: 8537 NW 45 STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM () Delete
Name: OZKAN, SERAY
Address: 8537 NW 45 STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM () Delete
Name: OZKAN, SEVDA
Address: 8537 NW 45 STREET
City-St-Zip: CORAL SPRINGS, FL 33065

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:

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 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 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: MUSTAFA OZKAN

MGRM

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date