

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058727

FILED  
Apr 07, 2008  
Secretary of State

Entity Name: SLS HOLDINGS, LLC

**Current Principal Place of Business:**

7887 BARR ROAD  
MYAKKA CITY, FL 34251

**New Principal Place of Business:**

**Current Mailing Address:**

7887 BARR ROAD  
MYAKKA CITY, FL 34251

**New Mailing Address:**

FEI Number: 20-1474724

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SCITURRO, STEVEN T  
7887 BARR ROAD  
MYAKKA CITY, FL 34251 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: SCITURRO, STEVEN T  
Address: 7887 BARR ROAD  
City-St-Zip: MYAKKA CITY, FL 34251

Title: MGRM ( ) Delete  
Name: SMITH, LITA S  
Address: 5657 CREEKWOOD CIRCLE  
City-St-Zip: SARASOTA, FL 34233

Title: MGRM ( ) Delete  
Name: SCITURRO, SAM M  
Address: 385 N. POINT ROAD, #1003  
City-St-Zip: OSPREY, FL 34229

**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: STEVEN T SCITURRO

MGR

04/07/2008

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