2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #-L04000065744

1. Entity Name S & H ENTERPRISES, LLC



FILED Apr 29, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1431 TROUT DRIVE PANAMA CITY BEACH, FL 32411 1431 TROUT DRIVE PANAMA CITY BEACH, FL 32411



04202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For	
52-2396942	 	Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHEFFIELD, JOSEPH H 1431 TROUT DRIVE PANAMA CITY BEACH, FL 32411

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the purpose of chan- ions of registered agent.	nging its registered	office or registered agent, or both, in the St	late of Florida. I am familiar with, a	and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Ag	gent signature required when reinstating)	DATE	
	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75		09	U00000932098 5/22/08-80042-001	138.75
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEFFIELD, JOSEPH A 1431 TROUT DRIVE PANAMA CITY BEACH, FL 32411				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NO	T WRITE	;
TITLE NAME STREET ADDRESS City-St-zip			IN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

JORDI A. SUNFOUNCH-21-08

850 233 0956

Daytime Phone #