

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000065831

FILED
Jul 12, 2006
Secretary of State**Entity Name:** S&S SERVICES, LLC**Current Principal Place of Business:**2442 MTN LAKE CUT OFF RD
LAKE WALES, FL 33853**New Principal Place of Business:****Current Mailing Address:**2442 MTN LAKE CUT OFF RD
LAKE WALES, FL 33853**New Mailing Address:****FEI Number:** 33-1010334**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DORITY, STANLEY R
2442 MTN LAKE CUT OFF RD
LAKE WALES, FL 33853 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:** MGRM () Delete
Name: DORITY, STANLEY R
Address: 2442 MTN LAKE CUT OFF RD
City-St-Zip: LAKE WALES, FL 33853**Title:** MGRM () Delete
Name: DORITY, STANLEY R
Address: 2442 MTN LAKE CUT OFF RD
City-St-Zip: LAKE WALES, FL 33859**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGRM (X) Change () Addition
Name: HAZZARD, ROBERT H
Address: 2442 MTN LAKE CUT OFF RD
City-St-Zip: LAKE WALES, FL 33859

I hereby certify that the information supplied with this filing does not qualify for the 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: STANLEY R. DORITY

MGRM

07/12/2006

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