

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000072731

1. Entity Name
S.F.P., LLC



Principal Place of Business
2737 NW 19 STREET
POMPANO BEACH, FL 33069

Mailing Address
2737 NW 19 STREET
POMPANO BEACH, FL 33069



01072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2484759	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

SAILAPPAN, R.N.
2737 NW 19TH STREET
POMPANO BEACH, FL 33069

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAILAPPAN, R N 2737 NW 19TH STREET POMPANO BEACH, FL 33069
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SAILAPPAN, R N 2737 NW 19TH STREET POMPANO BEACH, FL 33069
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:

R. N. Sailappan

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

1/7/08 954 582-9800

Date

Daytime Phone #