2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# L04000080248

Entity Name: S & S ENTERPRISES, LLC

Current Principal Place of Business:

1209 N. PALAFOX
PENSACOLA, FL 32501 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 12566
PENSACOLA, FL 32591 US

New Mailing Address:

FEI Number: 83-0422735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIDES, MARILYN
1209 N. PALAFOX STREET
PENSACOLA, FL 32501 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:	MRG	( ) Delete
Name:	SIDES, THOMAS H	
Address:	P.O. BOX 12566	
City-St-Zip:	PENSACOLA, FL 32591 US	
Title:	MGRM	( ) Delete
Name:	SCOTT, MARY	
Address:	P.O. BOX 12566	
City-St-Zip:	PENSACOLA, FL 32591 US	
Title:	MGRM	( ) Delete
Name:	SIDES, MARYLIN	
Address:	P.O. BOX 12566	
City-St-Zip:	PENSACOLA, FL 32591 US	
Title:	MGRM	( ) Delete
Name:	SCOTT, J B JR.	
Address:	P.O. BOX 12566	
City-St-Zip:	PENSACOLA, FL 32591 US	

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:	

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: MARILYN SIDES MGRM 03/29/2009

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