

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90223 037 \*\*\*138.75

**DOCUMENT # L04000087658**

1. Entity Name  
**S AND T REALTY GROUP, L.L.C.**



Principal Place of Business  
**2862 GULF TO BAY BLVD, SUITE F  
CLEARWATER, FL 33759**

Mailing Address  
**2862 GULF TO BAY BLVD, SUITE F  
CLEARWATER, FL 33759**

**00044414**

2. Principal Place of Business - No P.O. Box #  
**20103 Natures Hike way**

3. Mailing Address  
**P.O. Box 47796**



04102008 Chg-LLC CR2E083 (12/06)

City & State  
**Tampa, FL 33647**

City & State  
**Tampa, FL**

4. FEI Number  
**11-3733817**

Applied For  
☐ Not Applicable

Zip  
**33647**

Country  
**USA**

Zip  
**33647**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUDSON, SCOTT  
2862 GULF TO BAY BLVD, SUITE F  
CLEARWATER, FL 33759**

Name  
**SCOTT HUDSON**

Street Address (P.O. Box Number is Not Acceptable)  
**20103 Natures Hike way**

City  
**Tampa**

FL

Zip Code  
**33647**

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HUDSON, SCOTT  
2862 GULF TO BAY BLVD, SUITE F  
CLEARWATER, FL 33759** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HUDSON, SCOTT  
20103 Natures Hike way  
Tampa, FL 33647** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HUDSON, TONI  
2862 GULF TO BAY BLVD, SUITE F  
CLEARWATER, FL 33759** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HUDSON, TONI  
20103 Natures Hike way  
Tampa, FL 33647** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

**SCOTT HUDSON**

**SCOTT HUDSON**

**4/10/08**

**727-410-9247**

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

Date

Daytime Phone #