

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 25, 2006 8:00 am
Secretary of State

04-13-2006 90038 048 ****50.00

DOCUMENT # L04000092348 1. Entity Name S&L LLC					
Principal Place of Business 12110 CARVER AVE. NEW PORT RICHEY, FL 34654 US			Mailing Address 12110 CARVER AVE. NEW PORT RICHEY, FL 34654 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. Name and Address of Current Registered Agent RAYBOULD, RICHARD D 12110 CARVER AVE. NEW PORT RICHEY, FL 34654			5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
6. 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 heretofore with, and except the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and file # application. (NOTE: Registered Agent signature required when removing)</small>					
Filing Fee to \$50.00 Due by May 9, 2006		State check payable to Florida Department of State		DATE _____	
8. MANAGING MEMBERS/MANAGERS			9. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER-President RAYBOULD, RICHARD D 12110 CARVER AVE NEW PORT RICHEY FL 34654	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. 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 605, Florida Statutes.					
SIGNATURE: <u><i>R. Raybould</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <u>4/7/06</u> <small>Daytime Phone #</small>	



ATTACHMENT

30008995

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2006

S&L "LLC"
12110 CARVER AVE.
NEW PORT RICHEY, FL 34654 US

Subject: S&L "LLC"

Reference Number: L04000092348

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/mh

ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314