

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000004956

1. Entity Name
S5 HOLDINGS LLC



**FILED
Jun 02, 2008 8:00 am
Secretary of State**

06-02-2008 90258 031 ***138.75

Principal Place of Business
6227 GANNETDALE DRIVE
LITHIA, FL 33547

Mailing Address
6227 GANNETDALE DRIVE
LITHIA, FL 33547

2. Principal Place of Business - No P.O. Box #
13376 Lincoln Road

3. Mailing Address
13376 Lincoln Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.
13376 Lincoln Road

City & State

Riverview FL

City & State
Riverview FL

Zip

33549

Country

USA

Zip 33549

Country USA

6. Name and Address of Current Registered Agent

SMITH, MICHAEL B
6227 GANNETDALE DRIVE
LITHIA, FL 33547

Name Smith Michael B

Street Address (P.O. Box Number is Not Acceptable)

6227 Gannetdale Drive

City Riverview FL Zip Code 33547

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 reinstated)

13 May 08

DATE

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME SMITH, MICHAEL B
STREET ADDRESS 6227 GANNETDALE DRIVE
CITY-ST-ZIP LITHIA, FL 33547

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6227 Gannetdale Drive

Change

Addition

TITLE MGRM
NAME SMITH, KELLY A
STREET ADDRESS 6227 GANNETDALE DRIVE
CITY-ST-ZIP LITHIA, FL 33547

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6227 Gannetdale Drive

Change

Addition

TITLE MGRM
NAME CLAVERING, JOSEPH B
STREET ADDRESS 1400 OXFORDSHIRE COURT
CITY-ST-ZIP BRANDON, FL 33560

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13376 Lincoln Road
Riverview FL 33569

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: *Michael B. Smith*

13 May 08 1834583131
Date Daytime Phone #

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