



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

06-02-2008 90258 031 \*\*\*138.75

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|--|--|--|--|--|--|
| <b>DOCUMENT # L05000004956</b><br>1. Entity Name<br><b>S5 HOLDINGS LLC</b>   |  |  |  |   |  |
| Principal Place of Business<br><b>6227 GANNETDALE DRIVE</b><br><b>LITHIA, FL 33547</b>   |  |  | Mailing Address<br><b>6227 GANNETDALE DRIVE</b><br><b>LITHIA, FL 33547</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>13376 Lincoln Road</b>  |  | 3. Mailing Address<br><b>13376 Lincoln Road</b>  |  | <br><br>05132008 Chg-LLC CR2E083 (12/06) |  |
| Suite, Apt. #, etc.<br>  |  | Suite, Apt. #, etc.<br>  |  |  |  |
| City & State<br><b>Riverview FL</b>  |  | City & State<br><b>Riverview FL</b>  |  |  |  |
| Zip<br><b>33569</b>  |  | Zip<br><b>33569</b>  |  |  |  |
| Country<br><b>USA</b>  |  | Country<br><b>USA</b>  |  | 4. FEI Number<br><b>04-3806349</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |  |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SMITH, MICHAEL B</b><br><b>6227 GANNETDALE DRIVE</b><br><b>LITHIA, FL 33547</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name <b>Smith Michael B</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>6237 Gannetdale Drive</b><br>City <b>Lithia</b> <b>FL</b> Zip Code <b>33547</b> |  |  |
| 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.<br>SIGNATURE <u>Michael B. Smith</u> <b>13 May 08</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>  |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>Due by September 12, 2008</b>   |  | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice: |  | Make check payable to<br><b>Florida Department of State</b>  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>SMITH, MICHAEL B<br><del>6227 GANNETDALE DRIVE</del><br>LITHIA, FL 33547                  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>6237 Gannetdale Drive</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>SMITH, KELLY A<br><del>6227 GANNETDALE DRIVE</del><br>LITHIA, FL 33547                   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>6237 Gannetdale Drive</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>CLAVERING, JOSEPH B<br><del>1403 OXFORDSHIRE COURT</del><br><del>BRANDON, FL 33540</del> | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>13376 Lincoln Road</b><br><b>Riverview FL 33569</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Michael B. Smith</u> <b>13 May 08</b> <b>1.834583131</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |  |  |  |  |