2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000026587

1. Entity Name
S & T ASSOCIATION, LLC

Principal Place of Business	Mailing Address
101 1/2 6TH AVENUE NE SAINT PETERSBURG, FL 33701 US	POST OFFICE BOX 22203 TAMPA, FL 33622 US

07182007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3593913

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEAMAN, RALPH V
101 1/2 6TH AVENUE NE
SAINT PETERSBURG, FL 33701

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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

Filing Fee is $50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SEAMAN, RALPH V
STREET ADDRESS	101 1/2 6TH AVENUE NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	MGR
NAME	SEAMAN, RICHARD N
STREET ADDRESS	101 1/2 6TH AVENUE NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	MGRM
NAME	TERLOUW, AAD J
STREET ADDRESS	101 1/2 6TH AVENUE NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: J. Richard N. Seaman, MGR 07/19/07 (813) 293-9926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #