2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L05000052716

Entity Name: S & G MULTI SERVICES, LLC

Current Principal Place of Business:

945 W. SUNRISE BLVD
FORT LAUDERDALE, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

945 W. SUNRISE BLVD
FORT LAUDERDALE, FL 33311 US

New Mailing Address:

FEI Number: 41-2176916 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALEUS, GEORGE A
945 W. SUNRISE BLVD
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: VALEUS, GEORGE A
Address: 4360 N.W 4TH STREET
City-St-Zip: PLANTATION, FL 33317 US

Title: MGR ( ) Delete
Name: VALEUS, SHERILYN
Address: 4360 N.W 4TH STREET
City-St-Zip: PLANTATION, FL 33317 US

Title: MGR ( ) Delete
Name: SILIN, MARIE L
Address: 3300 JACKSON BLVD
City-St-Zip: FORT LAUDERDALE, FL 33312 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: SILIN, YVONNE
Address: 3300 JACKSON BLVD
City-St-Zip: FORT LAUDERDALE, FL 33312 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GEORGE A. VALEUS P 04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date