

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000075609

1. Entity Name
S. & S., LLC



FILED
Jul 07, 2008 08:00 AM
Secretary of State

Principal Place of Business
119 TWIN LAKE GROVE DRIVE
INTERLACHEN, FL 32148-2424

Mailing Address
119 TWIN LAKE GROVE DRIVE
INTERLACHEN, FL 32148-2424



07042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0549788

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAVAGE, JOSEPH M
119 TWIN LAKE GROVE DRIVE
INTERLACHEN, FL 32148-2424

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IN THIS SPACE**

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

07/07/08-80004-023 138.75

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.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SULLIVAN, FREDERICK J JR
119 TWIN LAKE GROVE DRIVE
INTERLACHEN, FL 321482424

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SAVAGE, JOSEPH M
119 TWIN LAKE GROVE DRIVE
INTERLACHEN, FL 321482424

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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IN THIS SPACE**

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:

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

JOSEPH M. SAVAGE, MGR

7/7/08

386-684-4775

Date

Daytime Phone #