

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90171 012 \*\*\*\*50.00

DOCUMENT # L05000085995

1. Entity Name

S&S GROUNDWORKS, LLC



Principal Place of Business

9 POINSETTIA DR.  
ORMOND BEACH FL 32176  
US

Mailing Address

9 POINSETTIA DR.  
ORMOND BEACH FL 32176  
US



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

2201 Tropical Terrace

Suite, Apt. #, etc.

Deland Florida

City & State

32724 USA

Zip

Country

3. Mailing Address

2201 Tropical Terrace

Suite, Apt. #, etc.

Deland Florida

City & State

32724 USA

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

27-0128522

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ECKROTH, SEBASTIAN P  
9 POINSETTIA DR.  
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name

Eckroth, Sebastian P.

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

2201 Tropical Terrace

Deland

City

FL

32724

Zip Code

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]*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-28-07

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ECKROTH, SEBASTIAN P	
STREET ADDRESS	9 POINSETTIA DR.	
CITY- ST- ZIP	ORMOND BEACH FL 32176	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ECKROTH, SETH J	
STREET ADDRESS	1821 LANDING DR. APT. G	
CITY- ST- ZIP	SANFORD FL 32771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]*

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

3-12-07

Date

386) 566-8718

Daytime Phone #