2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000087445

1. Entity Name
SNG HOLDINGS LLC

FILED
Sep 04, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
121 W 122ND AVE TAMPA, FL 33612	121 W 122ND AVE TAMPA, FL 33612

DO NOT WRITE IN THIS SPACE

07242008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-4257209

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, JANET S
6202 CHAUNCY ST
TAMPA, FL 33647

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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.

U00000958990
08/04/08-80001-006 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	GARCIA, JANET S
STREET ADDRESS	6202 CHAUNCY ST
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	MGRM
NAME	SEUFERT, NANCY M
STREET ADDRESS	6608 TWELVE OAKS BLVD
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	MGR
NAME	SEUFERT, BRIAN D
STREET ADDRESS	6608 TWELVE OAKS BLVD
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	MGRM
NAME	GARCIA, RUSSELL L
STREET ADDRESS	6202 CHAUNCY STREET
CITY-ST-ZIP	TAMPA, FL 33647
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: Russell L Monroe 5/21/09 813.915.8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #