

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90187 025 ****50.00

DOCUMENT # L05000090520

1. Entity Name

S&S HARBOR DRIVE, LLC



Principal Place of Business

Mailing Address

4100 NW 58TH LANE
BOCA RATON FL 33496
US

4100 NW 58TH LANE
BOCA RATON FL 33496
US

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

950 Peninsula Corporate Circle

Suite, Apt. #, etc.

1004

City & State

Boca Raton FL

Zip

33487

Country

USA

3. Mailing Address

950 Peninsula Corporate Circle

Suite, Apt. #, etc.

1004

City & State

Boca Raton FL

Zip

33487

Country

USA



1st MOORE

CR2E083 (10/06)

4. FEI Number

20-3466238

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SELLERS, STEVEN
4100 NW 58TH LANE
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name

Steven Sellers

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

950 Peninsula Corporate Circle

City

Boca Raton

FL

Zip Code

33487

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)

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	MGRM	<input type="checkbox"/> Delete
NAME	SELLERS, STEVEN	
STREET ADDRESS	4100 NW 58TH LANE	
CITY- ST- ZIP	BOCA RATON FL 33496	
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		
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	
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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

Date

Daytime Phone #