

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 29, 2006 8:00 am
Secretary of State

06-19-2006 90368 016 ****50.00

DOCUMENT # L05000094037 1. Entity Name S & P OF NORTH FLORIDA, LLC					
Principal Place of Business 345 MIRACLE STRIP PARKWAY SW FORT WALTON BEACH, FL 32548			Mailing Address 345 MIRACLE STRIP PARKWAY SW FORT WALTON BEACH, FL 32548		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3569517	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PITELL, LISA Y 4400 E. HIGHWAY 20, SUITE 211 NICEVILLE, FL 32578			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PAULZAK, GARY M 171 ELDRIDGE ROAD FORT WALTON BEACH, FL 32547	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIEGEL, ROBERT 345 MIRACLE STRIP PARKWAY SW FORT WALTON BEACH, FL 32548	☐ Delete			
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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 808, Florida Statutes.					
SIGNATURE: <i>Robert V. Siegel</i>		6-13-06 (850) 244-3211			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30011369



05132006 Chg-LLC CR2E083 (11/05)

Applied For
Not Applicable

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

FL Zip Code

**Filing Fee is \$50.00
Due by September 6, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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SIGNATURE: *Robert V. Siegel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #