


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000094037 1. Entity Name S & P OF NORTH FLORIDA, LLC	
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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
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DO NOT WRITE IN THIS SPACE



04262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3569517	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PITELL, LISA Y
4400 E. HIGHWAY 20, SUITE 211
NICEVILLE, FL 32578

**DO NOT WRITE
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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAULZAK, GARY M 171 ELDRIDGE ROAD FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIEGEL, ROBERT 345 MIRACLE STRIP PARKWAY SW FORT WALTON BEACH, FL 32548
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05/15/07-80113-016 50.00

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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:  **4/26/07** **(850) 244-3211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #