

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094037

FILED
Apr 21, 2009
Secretary of State

Entity Name: S & P OF NORTH FLORIDA, LLC

Current Principal Place of Business:

345 MIRACLE STRIP PARKWAY SW
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

345 MIRACLE STRIP PARKWAY SW
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 20-3569517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PAULZAK, GARY M
Address: 171 ELDRIDGE ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM () Delete
Name: SIEGEL, ROBERT
Address: 345 MIRACLE STRIP PARKWAY SW
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT V. SIEGEL

MGRM

04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date