2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007
Secretary of State

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Entity Name: S&L CONSULTING LLC

Current Principal Place of Business:

PMB 7642
PO BOX 2428
PENSACOLA, FL 32513 US

New Principal Place of Business:

428 CHILDRESS ST.
PMB #7642
PENSACOLA, FL 32534 US

Current Mailing Address:

PMB 7642
PO BOX 2428
PENSACOLA, FL 32513 US

New Mailing Address:

428 CHILDRESS ST.
PMB #7642
PENSACOLA, FL 32534 US

FEI Number: 41-2100768 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAVENDER, KYLE
873 WEST BAY DRIVE
SUITE 105
LARGO, FL 33770 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: FREEMAN, LEON
Address: PMB 7642, PO BOX 2428
City-St-Zip: PENSACOLA, FL 32513 US

Title: MGRM ( ) Delete
Name: FREEMAN, SANDI
Address: PMB 7642, PO BOX 2428
City-St-Zip: PENSACOLA, FL 32513 US

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 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: LEON FREEMAN MGRM 03/14/2007

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