

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000098153

1. Entity Name
S & A RENTALS, LLC



Principal Place of Business

**419 HOWARD AVENUE
APT. B
LAKELAND, FL 33815 US**

Mailing Address

**419 HOWARD AVENUE
APT. B
LAKELAND, FL 33815 US**



01212007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3600930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SEITZ, MICHAEL R
419 HOWARD AVENUE
APT. B
LAKELAND, FL 33815**

**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 renewing)

DATE

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

U000000607930
01/31/07-80060-009 50.00

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SEITZ, MICHAEL R
STREET ADDRESS	419 HOWARD AVENUE
CITY-ST-ZIP	LAKELAND, FL 33815
TITLE	MGRM
NAME	ANDERSON, CARL T
STREET ADDRESS	619 HOWARD AVENUE
CITY-ST-ZIP	LAKELAND, FL 33815
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

Michael R. Seitz

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/21/07 863-944-0665