## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L05000104512**

**1.** Entity Name
S&SL, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1302 EAST CERVANTES STREET | 1302 EAST CERVANTES STREET |
| PENSACOLA, FL  32501 | PENSACOLA, FL  32501 |

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01202008 No Chg-LLC          CR2E083 (12/07)

| 4. FEI Number | Applied For |
|---|---|
| 20-3750549 | Not Applicable |

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

**6. Name and Address of Current Registered Agent**

LUKER, SAMUEL E JR.
1302 EAST CERVANTES STREET
PENSACOLA, FL  32501

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**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

**FILE NOW!!!  FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

**9.**         MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | LUKER, SAMUEL E JR. |
| STREET ADDRESS | 1302 EAST CERVANTES STREET |
| CITY-ST-ZIP | PENSACOLA, FL  32501 |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |

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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:** _Samuel E Luker_     2/12/08     850 433 24-36

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE     Date     Daytime Phone #