

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 23, 2007 8:00 am
Secretary of State

04-05-2007 90027 048 *****50.00

DOCUMENT # L05000122173 1. Entity Name S + P HOLDING ENTERPRISES, LLC			
Principal Place of Business 2401 WILLAMETTE DRIVE, SUITE 220 PLANT CITY, FL 33566 <i>Police Center Dr.</i>		Mailing Address 2401 WILLAMETTE DRIVE, SUITE 220 PLANT CITY, FL 33566 <i>Police Center Dr.</i>	
2. Principal Place of Business - No P.O. Box # <i>Police Center Dr.</i> Suite, Apt. #, etc. 220		3. Mailing Address Suite, Apt. #, etc. 	
City & State Plant City FL		City & State 	
Zip 33566-7139 Country USA		Zip Country 	
4. FEI Number 20-4074860		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04032007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIDOTI, SALVATORE V 2401 WILLAMETTE DRIVE, SUITE 220 PLANT CITY, FL 33566 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOGAN, PATRICK K 2401 WILLAMETTE DRIVE, SUITE 220 PLANT CITY, FL 33566 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 3-31-07 813-866-3663 <small>Daytime Phone #</small>	