

**LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90423 004 \*\*\*\*50.00

DOCUMENT # **L06600007064**

1. Entity Name **SDS2 ENT. LLC**



**DO NOT WRITE IN THIS SPACE**

**60050715**

CR2E083B (8/05)

2. Principal Place of Business

**45 Imani Circle**

Suite, Apt. #, etc.

3. Mailing Address

**45 Imani Circle**

Suite, Apt. #, etc.

City & State

**Midway, FL**

City & State

**Midway, FL**

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

**32343**

Country

**US**

Zip

**32343**

Country

**US**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **Betty Brooks**

Street Address (P.O. Box Number is Not Acceptable)

**2708 S. Sandelwood Dr.**

City **Tallahassee**

**FL**

Zip Code

**32305**

**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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME **MGRM Samuel D. Stevens Jr.**  
STREET ADDRESS **45 Imani Circle**  
CITY-ST-ZIP **Midway, FL 32343**

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

Date

Daytime Phone #