2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L06000026010

Entity Name: SNS ENTERPRISES, LLC

Current Principal Place of Business:

2550 BLANKENBAKER PARKWAY
LOUISVILLE, KY 40299 US

New Principal Place of Business:

Current Mailing Address:

2550 BLANKENBAKER PARKWAY
LOUISVILLE, KY 40299 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	OTT, MATTHEW W	
Address:	2550 BLANKENBAKER PARKWAY	
City-St-Zip:	LOUISVILLE, KY 40299 US	
Title:	MGRM	( ) Delete
Name:	MCGUIRE, THOMAS F	
Address:	2550 BLANKENBAKER PARKWAY	
City-St-Zip:	LOUISVILLE, KY 40299 US	
Title:	MGRM	( ) Delete
Name:	BEAVEN, JAMES R	
Address:	3033 OHIO DRIVE	
City-St-Zip:	HENDERSON, KY 42420 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: MATTHEW W OTT MGRM 04/14/2009

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