

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90027 034 ***138.75

DOCUMENT # L06000032846

1. Entity Name
S&S INTERNATIONAL, LLC



Principal Place of Business

4302 GANDY BLVD.
C/O STICKS N STUFF
TAMPA, FL 33611

Mailing Address

C/O HARDMAN FROST & CUMMINGS, PC
2120 16TH AVE. SOUTH
BIRMINGHAM, AL 35205

60038617



03192008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

116 East Fletcher Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

20-4506583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

City & State

Tampa, FL

City & State

Zip

33612

Country

USA

Zip

Country

6. Name and Address of Current Registered Agent

KELLY, SAMUEL W
1212 WHITING STREET EAST
#501
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME KELLEY, SAMUEL W
STREET ADDRESS 1212 WHITING STREET #501
CITY-ST-ZIP TAMPA, FL 33602

TITLE MGRM ☐ Delete
NAME SNS HOLDINGS, INC.
STREET ADDRESS 217 HUGHES AVE.
CITY-ST-ZIP ATTALLA, AL 35954

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

Samuel W. Kelley Samuel W. Kelley 4/28/08 (205) 939-0227