

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034216

Entity Name: S & T ENTERPRISES, LLC

FILED
Feb 11, 2008
Secretary of State

Current Principal Place of Business:

8356 BOWDEN WAY
WINDERMERE, FL 34786

New Principal Place of Business:

6433 PINECASTLE BLVD. #14
ORLANDO, FL 32809

Current Mailing Address:

P O BOX 620031
ORLANDO, FL 32862

New Mailing Address:

FEI Number: 20-4834388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROISI, FRANCA E
8356 BOWDEN WAY
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

TROISI, FRANCA E
6433 PINECASTLE BLVD. #14
ORLANDO, FL 32809 US

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:

02/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SOLOVJOV, ALEJANDRO
Address: 8356 BOWDEN WAY
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM () Delete
Name: TROISI, FRANCA E
Address: 8356 BOWDEN WAY
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SOLOVJOV, ALEJANDRO
Address: 6433 PINECASTLE BLVD. #14
City-St-Zip: ORLANDO, FL 32809

Title: MGRM (X) Change () Addition
Name: TROISI, FRANCA E
Address: 6433 PINECASTLE BLVD. # 14
City-St-Zip: ORLANDO, FL 32809

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: FRANCA TROISI

MGRM

02/11/2008

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