

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000079839

Entity Name: SNS HOLDINGS LLC

FILED
Jul 08, 2008
Secretary of State

Current Principal Place of Business:

19466 SW 65TH STREET
PEMBROKE PINES, FL 33332

New Principal Place of Business:

20851 JOHNSON ST.
SUITE 113
PEMBROKE PINES, FL 33029

Current Mailing Address:

19466 SW 65TH STREET
PEMBROKE PINES, FL 33332

New Mailing Address:

20851 JOHNSON ST.
SUITE 113
PEMBROKE PINES, FL 33029

FEI Number: 02-0784153 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WEISSMAN, HAROLD P.A.
1776 N. PINE ISLAND ROAD, #118
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

WEISSMAN, HAROLD P.A.
1776 N. PINE ISLAND ROAD
SUITE 224
PLANTATION, FL 33322 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:

07/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HALL, SONJA KAREN
Address: 19466 SW 65TH STREET
City-St-Zip: PEMBROKE PINES, FL 33332

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HALL, SONJA KAREN
Address: 20851 JOHNSON ST. SUITE 113
City-St-Zip: PEMBROKE PINES, FL 33029

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: SONJA KAREN HALL

MGR

07/08/2008

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