2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

DOCUMENT # L06000082287

1. Entity Name

S GROUP INVESTMENTS LLC



FILED Apr 10, 2008 08:00 A Secretary of State

| | | | | 23.44 | | | | | |
|---|---|--|---|-----------------------------------|---|---------------|--------------------|---------------------------|--|
| Principal Plac | e of Business | Mailing Address | | | | | | | |
| 384 ROSEWOOD CIRCLE BOCA RATON FL 33487 | | 384 ROSEWOOD CIRCLE BOCA RATON FL 33487 | | | | | | | |
| 2. Principa: Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | ie ijes) ieių (ei | •••• | |
| Suite, Apt. #. etc. | | Suite, Apt. #, etc. | | 1 | 1st MOORE CR2E083 (10/07) | | | | |
| City & State | | City & State | | 4. FEI Nun | 4. FEI Number 20-5362380 Applied No: Appl | | | plied For x Applicable | |
| Zip Country | | Zìp | Country | 5. Certifica | Certificate of Status Desired S5.00 Additional Fee Required | | | | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name a | nd Address of New | Registered Ag | ent | | |
| | t tradition to | | Name | | | | | • | |
| SCIORTINO, DOMENCIK 384 ROSEWOOD CIRCLE BOCA RATON FL 33487 | | | Street | Address (P.O. Box Nun | ss (P.O. Box Number is Not Acceptable) | | | | |
| | | | City | | | FL | Zip Cod | 9 | |
| | | | 1 | | | | L | | |
| 8. The above named entity submits this statement for the purpose of changing its regist the obligations of registered agent. SIGNATURE Signature, when or or medinant or regimened agent and the disapplication (NOTE Register). [Vi. 10.1.1 | | | | iline (edukci) wilan (ensitiling) | Zen, in the diale of | DATE | | and doodpe | |
| | | FILE NO | OW!!! FEE IS \$ 2008, Fee Will | 138.75 Be \$538.75 | | | | | |
| 9. MANAGING MEMBI | | ERS/MANAGERS | 10. | | ADDITIONS/CHANGES | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCIORTINO, DOMENICK R 384 ROSEWOOD CIRCLE BOCA RATON FL 33487 | ☐ Delete | TITLE NAME STREET ADDRESS CITY+ST-ZIP | | 000000 04/22/08- | 890412 | _ Change 3 138. | □ Addition 75 | |
| TITLE NAME STREET ADDRESS CITY-ST: ZIP | MGRM SCIORTINO, KATHLEEN A 384 ROSEWOOD CIRCLE BOCA RATON FL 33487 | □ Delete | THEE NAME STREET ADDRESS CITY+ST-Z:P | | | [| Change | ☐ Addition | |
| NAME | MGRM SCIORTINO, DAWN E 384 ROSEWOOD CIRCLE BOCA RATON FL 33487 | ☐ Delete | TITLE NAME STREET ADDRESS CITY- ST-Z:P | | | [| ☐ Charige | Addition | |
| TITLE NAME | MGRM SCOTTEN, DONALD M | ☐ Delete | TITLE NAME | | | [| Change | Addition | |

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZiP

CITY-ST-Z:P

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

SIGNATURE:

BOCA RATON FL 33487

DITY-ST-7IP

STREET ADDRESS CITY-ST ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME

☐ Delete

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4/8/08

561.998.934

Change

Change

Addition

☐ Addition