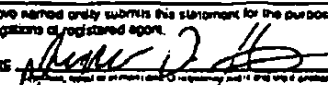
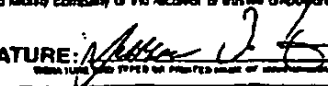


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FILED L06000102180

SECRETARY OF STATE
DIVISION OF CORPORATIONS**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

5 07 JUL 25 PM 3:19

DOCUMENT # L06000102180			
1. Entity Name SALES & MARKETING, LLC			
Principal Place of Business 2873 W 15TH STREET EAST JACKSONVILLE FL 32254		Mailing Address 2873 W 15TH STREET EAST JACKSONVILLE FL 32254	
2. Principal Place of Business - No P.O. Box 3196 Litchfield Dr		3. Mailing Address 3196 Litchfield Dr	
State, Apt. #, etc. FL 32065		State, Apt. #, etc. FL 32065	
City & State Orange Park, FL		City & State Orange Park, FL	
County Clay		County Clay	
4. Name and Address of Current Registered Agent GENERAL BUSINESS SERVICES 12412 SAN JOSE BLVD SUITE 101 JACKSONVILLE FL 32223		5. Certificate of Status Desired ☐ SS.00 Additional Fee Required	
6. Name and Address of New Registered Agent Sales & Marketing, LLC 3196 Litchfield Dr Orange Park, FL 32065		7. Name and Address of New Registered Agent Sales & Marketing, LLC 3196 Litchfield Dr Orange Park, FL 32065	
8. The above named entity certifies 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: 			
FILE NOW! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
MEMBER NAME STREET ADDRESS CITY ST ZIP 1001 LEWIS, RALPH 5636 KEN ROAD JACKSONVILLE FL 32244	☒ Delete	MEMBER NAME STREET ADDRESS CITY ST ZIP 1001 LEWIS, RALPH 5636 KEN ROAD JACKSONVILLE FL 32244	☐ Change ☐ Address
MEMBER NAME STREET ADDRESS CITY ST ZIP 1002 HUSON, JAMES D 5636 KEN ROAD JACKSONVILLE FL 32244	☐ Delete	MEMBER NAME STREET ADDRESS CITY ST ZIP 1002 HUSON, JAMES D 5636 KEN ROAD JACKSONVILLE FL 32244	☒ Change ☐ Address
MEMBER NAME STREET ADDRESS CITY ST ZIP 1003	☐ Delete	MEMBER NAME STREET ADDRESS CITY ST ZIP 1003	☐ Change ☐ Address
MEMBER NAME STREET ADDRESS CITY ST ZIP 1004	☐ Delete	MEMBER NAME STREET ADDRESS CITY ST ZIP 1004	☐ Change ☐ Address
MEMBER NAME STREET ADDRESS CITY ST ZIP 1005	☐ Delete	MEMBER NAME STREET ADDRESS CITY ST ZIP 1005	☐ Change ☐ Address
MEMBER NAME STREET ADDRESS CITY ST ZIP 1006	☐ Delete	MEMBER NAME STREET ADDRESS CITY ST ZIP 1006	☐ Change ☐ Address
MEMBER NAME STREET ADDRESS CITY ST ZIP 1007	☐ Delete	MEMBER NAME STREET ADDRESS CITY ST ZIP 1007	☐ Change ☐ Address
11. I hereby certify that the information supplied with this filing complies with the requirements 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 to get 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 605, Florida Statutes.			
SIGNATURE:  5/2/07			

BLT