

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103565

Entity Name: S & Y VENTURES, LLC

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

27317 CASHFORD CIRCLE  
#102  
WESLEY CHAPEL, FL 33544 US

## New Principal Place of Business:

## Current Mailing Address:

27317 CASHFORD CIRCLE  
#102  
WESLEY CHAPEL, FL 33544 US

## New Mailing Address:

FEI Number: 20-5782183

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

YONTECK, FREDERICK T  
27317 CASHFORD CIRCLE  
WESLEY CHAPEL, FL 33544 US

## Name and Address of New Registered Agent:

SUAREZ, YVETTE M  
27317 CASHFORD CIRCLE  
WESLEY CHAPEL, FL 33544 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: YVETTE SUAREZ MD

04/30/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: YONTECK, FREDERICK T  
Address: 27518 PINE POINT DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33544 US

Title: MGRM ( ) Delete  
Name: SAHIJWANI, ANIL  
Address: 23523 VISTAMAR CT  
City-St-Zip: LAND O LAKES, FL 34639 US

Title: MGRM ( ) Delete  
Name: SUAREZ, YVETTE M  
Address: 23523 VISTAMAR CT  
City-St-Zip: LAND O LAKES, FL 34639

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: SAHIJWANI, ANIL  
Address: 20352 FALLING ROCK DR  
City-St-Zip: LAND O LAKES, FL 34638 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: YVETTE SUAREZ MD

MGRM

04/30/2009

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