

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108141

FILED
Jun 11, 2008
Secretary of State

Entity Name: S&Z LLC

Current Principal Place of Business:

4234 CAROUSEL RD
ORLANDO, FL 32808

New Principal Place of Business:

8617 FOREST CITY ROAD
ORLANDO, FL 32810 US

Current Mailing Address:

4234 CAROUSEL RD
ORLANDO, FL 32808

New Mailing Address:

4234 CAROUSEL RD
ORLANDO, FL 32808 US

FEI Number: 86-1175913 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:

BAHADOORSINGH, SAMDUL
4234 CAROUSEL RD
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BAHADOORSINGH, SAMDUL
Address: 4234 CAROUSEL RD
City-St-Zip: ORLANDO, FL 32808

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BAHADOORSINGH, SAMDUL
Address: 4234 CAROUSEL RD
City-St-Zip: ORLANDO, FL 32808 US

Title: MGRM () Change (X) Addition
Name: BAHADOORSINGH, ZAHADAH
Address: 4234 CAROUSEL RD
City-St-Zip: ORLANDO, FL 32808 US

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: SAMDUL BAHADOORSINGH

MGRM

06/11/2008

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