

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115282

Entity Name: S & G INVESTMENTS, LLC

FILED  
Apr 12, 2009  
Secretary of State

**Current Principal Place of Business:**

1766 S.W. COLUMBIA STREET  
PORT ST. LUCIE, FL 349872073 US

**New Principal Place of Business:**

**Current Mailing Address:**

1766 S.W. COLUMBIA STREET  
PORT ST. LUCIE, FL 349872073 US

**New Mailing Address:**

FEI Number: 41-2221232

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CALVARESE PROFESSIONAL ACCOUNTING  
2200 N. FEDERAL HIGHWAY  
SUITE #201  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

GRIEVE, SAMUEL D  
1766 S.W. COLUMBIA STREET  
PORT ST. LUCIE, FL 349872073 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: SAMUEL D. GRIEVE

04/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GRIEVE, SAMUEL D  
Address: 1766 S.W. COLUMBIA STREET  
City-St-Zip: PORT ST. LUCIE, FL 34987 US

Title: MGRM (X) Delete  
Name: GRIEVE, GERALD J  
Address: 1766 S.W. COLUMBIA STREET  
City-St-Zip: PORT ST. LUCIE, FL 34987 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GRIEVE, SAMUEL D  
Address: 1766 S.W. COLUMBIA STREET  
City-St-Zip: PORT ST. LUCIE, FL 349872073 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: SAMUEL D. GRIEVE

MGRM

04/12/2009

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