

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000118514

1. Entity Name
L&S SUPPLIES, LLC



Principal Place of Business
3000 GULF TO BAY BLVD., SUITE 300
CLEARWATER, FL 33759

Mailing Address
3000 GULF TO BAY BLVD., SUITE 300
CLEARWATER, FL 33759

2. Principal Place of Business - No P.O. Box #
9208 EDEN AVENUE

3. Mailing Address
9208 EDEN AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HUDSON, FL

City & State
HUDSON, FL

Zip
34667

Country

Zip
34667

Country

04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-8034101

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

POGUE, ERIC
3000 GULF TO BAY BLVD., SUITE 300
CLEARWATER, FL 33759

7. Name and Address of New Registered Agent

Name
ERIC POGUE

Street Address (P.O. Box Number is Not Acceptable)

6820 W. LINEBAUGH AVENUE, SUITE D

City
TAMPA

FL

Zip Code
33625

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature of principal or authorized agent and title if applicable

(If not Registered Agent signature required when reinstating)

May 30, 2007

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/30/07

Date

Daytime Phone #

FILED

07 JUN 18 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]

