

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90235 024 ***143.75

DOCUMENT # L07000026215 1. Entity Name S & D SALT DELIVERY, LLC			
Principal Place of Business 4230 MOLOKAI DR SARASOTA, FL 34241-5501 US		Mailing Address 4230 MOLOKAI DR SARASOTA, FL 34241-5501 US	
2. Principal Place of Business - No P.O. Box # 4517 NORTHGATE CT. Suite, Apt. #, etc.		3. Mailing Address 4517 NORTHGATE CT. Suite, Apt. #, etc.	
City & State SARASOTA, FLORIDA Zip Country 34234 US		City & State SARASOTA, FLORIDA Zip Country 34234-2124 US	
4. FEI Number 20-8652835		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		03122008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name MARCUS de JONGE Street Address (P.O. Box Number is not Acceptable) 4517 NORTHGATE CT City SARASOTA FL Zip Code 34234	
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 Marcus de Jonge MGRM <i>Marcus de Jonge</i> 3-20-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-statuting) DATE</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALERNO, SCOTT C <input type="checkbox"/> Delete 4230 MOLOKAI DR SARASOTA, FL 342415501	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete DE JONGE, MARCUS P 4500 MINEOLA ST BRADENTON, FL 34207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Scott C. Salerno</i> SCOTT C. SALERNO 3-20-08 941-351-9955 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			