

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000027913

Entity Name: S & A, LLC

FILED  
Jan 06, 2008  
Secretary of State

## Current Principal Place of Business:

4080 SHADY VIEW LANE  
TALLAHASSEE, FL 323113302

## New Principal Place of Business:

3705 OVERLOOK DR.  
TALLAHASSEE, FL 323113302

## Current Mailing Address:

P.O. BOX 14387  
TALLAHASSEE, FL 323024387

## New Mailing Address:

P.O. BOX 14387  
TALLAHASSEE, FL 323174387

FEI Number: 20-8796898

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOLLOWAY, AARON  
227 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 323011805 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: MGR ( ) Delete  
Name: SMITH, RICHARD D  
Address: P.O. BOX 14387  
City-St-Zip: TALLAHASSEE, FL 323024387

Title: MGR ( ) Delete  
Name: SMITH, KAREN D  
Address: P.O. BOX 14387  
City-St-Zip: TALLAHASSEE, FL 323024387

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SMITH, RICHARD D  
Address: P.O. BOX 14387  
City-St-Zip: TALLAHASSEE, FL 323174387

Title: MGR (X) Change ( ) Addition  
Name: SMITH, KAREN D  
Address: P.O. BOX 14387  
City-St-Zip: TALLAHASSEE, FL 323174387

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: RICHARD D. SMITH

MGR.

01/06/2008

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