

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 14, 2008 8:00 am
Secretary of State

03-27-2008 90085 039 ***138.75

DOCUMENT # L07000032521

1. Entity Name

S&G, LLC



Principal Place of Business:

1708 METROPOLITAN BLVD.
TALLAHASSEE FL 32308

Mailing Address:

1708 METROPOLITAN BLVD.
TALLAHASSEE FL 32308

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEE Number

26-0420518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIMSLEY, GEORGE F
1708 METROPOLITAN BLVD.
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 typed in print on back of my personal report and filed separately

(NOTE: Registered Agent's signature required when submitting)

DATE

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

TITLE: MGR ☐ Delete
NAME: GRIMSLEY, GEORGE F
STREET ADDRESS: 1708 METROPOLITAN BLVD.
CITY-STATE-ZIP: TALLAHASSEE FL 32308

TITLE: MGR ☐ Delete
NAME: GRIMSLEY, SUSAN E
STREET ADDRESS: 1708 METROPOLITAN BLVD.
CITY-STATE-ZIP: TALLAHASSEE FL 32308

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
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STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
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CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

10. ADDITIONS/CHANGES

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

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

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

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

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

George F. Grimsley

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

3/12/08

850-385-1120

Date

Typed Name