


5/91.

05-14-2008 90078 018 ***138.75
05-09-2008 90061 049 ***138.75

DOCUMENT # L07000048064				Secretary of State	
1. Entity Name S & S HOLDINGS, LLC				05-14-2008 90078 018 ***138.75 05-09-2008 90061 049 ***138.75	
Principal Place of Business 18 NW THIRD AVENUE OCALA, FL 34475		Mailing Address 18 NW THIRD AVENUE OCALA, FL 34475			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 1352			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Ocala, FL			
Zip	Country	Zip	Country		
34475		34475			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
BULLARD, J. WARREN 18 NW THIRD AVENUE OCALA, FL 34475		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STALZER, BERNHARD W 18 NW THIRD AVENUE OCALA, FL 34475	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____		Date: 5/8/2008		Daytime Phone # 352 351 2032	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					