

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000086523

FILED  
Jul 13, 2009  
Secretary of State

Entity Name: SL BUILDERS AND ASSOCIATES, LLC

## Current Principal Place of Business:

2113 IRISE CT.  
APT. 206  
ORLANDO, FL 32807

## New Principal Place of Business:

3642 LYDIA ESTATES TERRACE  
JACKSONVILLE, FL 32218

## Current Mailing Address:

2113 IRISE CT.  
APT. 206  
ORLANDO, FL 32807

## New Mailing Address:

3642 LYDIA ESTATES TERRACE  
JACKSONVILLE, FL 32218

FEI Number: 80-0256593      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

LEE, SAMUEL A  
2113 IRISE CT.  
APT. 206  
ORLANDO, FL 32807 US

## Name and Address of New Registered Agent:

LEE, SAMUEL A  
3642 LYDIA ESTATES TERRACE  
JACKSONVILLE, FL 32218 US

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: SAMUEL LEE

07/13/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: LEE, SAMUEL A  
Address: 2113 IRISE CT. APT. 206  
City-St-Zip: ORLANDO, FL 32807 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: LEE, SAMUEL A  
Address: 3642 LYDIA ESTATES TERRACE  
City-St-Zip: JACKSONVILLE, FL 32218 US

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: SAMUEL LEE

MGR

07/13/2009

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