

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000093995

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: S4S LLC

**Current Principal Place of Business:**

18431 NW 12TH STREET  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

18431 NW 12TH STREET  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

P.O. BOX 297361  
PEMBROKE PINES, FL 33029

FEI Number: 80-0305867

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DAVIS, WALTER  
18431 NW 12TH STREET  
PEMBROKE PINES, FL 33029 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: MGRM ( ) Delete  
Name: DEVOLNTINE, JOEL  
Address: 3921 CALLE DE SANTOS  
City-St-Zip: TALLAHASSEE, FL 32311

Title: MGRM ( ) Delete  
Name: LEWIS, DONALD  
Address: 802 LAKE CLARK COURT  
City-St-Zip: LAKELAND, FL 33813

Title: MGRM ( ) Delete  
Name: DAVIS, WALTER  
Address: 18431 NW 12TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WALTER DAVIS

MGR

03/10/2009

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