

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000093316

Entity Name: S & R DIVISOR, LLC

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

15901 COLLINS AVENUE  
APT. # 3806  
SUNNY ISLES BEACH, FL 33160 US

**New Principal Place of Business:**

**Current Mailing Address:**

2000 PONCE DE LEON BLVD.  
SUITE 625  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 45-0601287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BARBOSA, JULIO C ESQ.  
2000 PONCE DE LEON BLVD.  
SUITE 625  
CORAL GABLES, FL 33134 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  
Name: GONZALEZ, SALVADOR I  
Address: 15901 COLLINS AVENUE, APT. # 3806  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: MGR  
Name: GONZALEZ, ROSA S  
Address: 15901 COLLINS AVENUE, APT. # 3806  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

I hereby 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: SALVADOR I. GONZALEZ

MGR

04/29/2011

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