2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000004371

1. Entity Name
S & G PETROLEUM, L.L.C.

Principal Place of Business	Mailing Address
243 N. ARLINGTON RD., #2A-B JACKSONVILLE, FL 32211	243 N. ARLINGTON RD., #2A-B JACKSONVILLE, FL 32211

DO NOT WRITE IN THIS SPACE

04142008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
59-3592311
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

YAZJI, HAYSSAM B
243 N. ARLINGTON RD., SUITE 2 A-B
JACKSONVILLE, FL 32211

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000923393
05/16/08-80028-024 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	YAZJI, HAYSSAM
STREET ADDRESS	7247 PLACID OAKS DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	MGRM
NAME	EL-YAZIGI, ADNAN
STREET ADDRESS	12555 MISSION HILLS CIR N.
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	MGRM
NAME	YAZEJI, MARWAN
STREET ADDRESS	6407 LENSZYK DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	MGRM
NAME	AL YAZGI, GHASSAN
STREET ADDRESS	PLACID OAKS DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	MGRM
NAME	YAZJI, KAMAL
STREET ADDRESS	5488 RIVER TR RD S
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #