


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # M01000001938	
1. Entity Name SNS ORANGE PARK, LLC	

Principal Place of Business 317 BLANDING BLVD. ORANGE PARK, FL 32073	Mailing Address 2120 16TH AVENUE SOUTH BIRMINGHAM, AL 35205
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DO NOT WRITE IN THIS SPACE



03192008No Chg-LLC		CR2E083 (12/07)	
4. FEI Number 63-1281167	Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			

6. Name and Address of Current Registered Agent

KELLEY, SAMUEL W
1212 WHITING ST EAST
SUITE 501
TAMPA, FL 33602

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

U00000943918
05/29/08-80079-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KELLEY, SAMUEL W
STREET ADDRESS	1212 WHITING ST EAST SUITE 501
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGR
NAME	COLEGROVE, DON
STREET ADDRESS	217 HUGHES AVE
CITY-ST-ZIP	ATTALLA, AL 35954
TITLE	MGRM
NAME	SNS HOLDINGS, INC.
STREET ADDRESS	217 HUGHES AVE
CITY-ST-ZIP	ATTALLA, AL 35954
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: Larry Frost CPA Larry B Frost, CPA 4/28/08 (205)939-0227

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