

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000289

Entity Name: SNS EXPRESS LLC

FILED  
May 04, 2004  
Secretary of State

**Current Principal Place of Business:**

14865 NE 21ST AVE. RD  
CITRA, FL 32113

**New Principal Place of Business:**

**Current Mailing Address:**

14865 NE 21ST AVE. RD  
CITRA, FL 32113

**New Mailing Address:**

P.O. BOX 364  
SPARR, FL 32192

FEI Number: 02-0647006

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WAGNER, ROBERT SCOTT  
14865 NE 21ST AVE. RD  
CITRA, FL 32113 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: WAGNER, ROBERT SCOTT  
Address: 14865 NE 21ST AVE. RD  
City-St-Zip: CITRA, FL 32113

Title: MGR ( ) Delete  
Name: WAGNER, SARITA FAY  
Address: 14865 NE 21ST AVE. RD  
City-St-Zip: CITRA, FL 32113

**ADDITIONS/CHANGES:**

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 for the exemption stated in Section 119.07(3)(i), 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: ROBERT SCOTT WAGNER

MGR

05/04/2004

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