

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90085 040 ***138.75

DOCUMENT # M05000000488



1. Entity Name

S3 TECHNOLOGIES, LLC

Principal Place of Business

**707 NORTHLAKE BLVD.
NORTH PALM BEACH FL 33408**

Mailing Address

**707 NORTHLAKE BLVD.
NORTH PALM BEACH FL 33408**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

22-3637488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHWEIGHARDT, STEPHEN
3707 INTERSTATE PARK ROAD SOUTH
RIVIERA BEACH FL 33404**

Name

Street Address (P.O. Box Number is Not Acceptable)

707 Northlake Blvd

City

North Palm Beach

FL

Zip Code

33418

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

[Signature]

Registered Agent or authorized representative of registered agent and filer (if applicable)

(NOTE: Registered Agent signature required when registering)

3/11/08

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **SCHWEIGHARDT, STEPHEN**
CITY- ST- ZIP **707 NORTHLAKE BLVD.
NORTH PALM BEACH FL 33408**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **SCHWEIGHARDT, SIMON**
CITY- ST- ZIP **707 NORTHLAKE BLVD.
NORTH PALM BEACH FL 33408**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

Display a Page #