

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # M05000006136 *



1. Entity Name
SRS ACQUISITIONS, LLC

Principal Place of Business

**4733 CHULUOTA ROAD
ORLANDO, FL 32820**

Mailing Address

**4733 CHULUOTA ROAD
ORLANDO, FL 32820**



04082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3696722

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SACKMAN, SCOTT R
4733 CHULUOTA ROAD
ORLANDO, FL 32820**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SACKMAN, SCOTT R
STREET ADDRESS	4733 CHULUOTA ROAD
CITY- ST- ZIP	ORLANDO, FL 32820
TITLE	MGR
NAME	SACKMAN, LESLIE S
STREET ADDRESS	4733 CHULUOTA ROAD
CITY- ST- ZIP	ORLANDO, FL 32820
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/23/08-80077-022-143.75

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/8/08

Date

407-275-5554

Daytime Phone #