

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000026905

**Entity Name:** S2L, INCORPORATED

**Current Principal Place of Business:**

531 VERSAILLES DR  
STE 202  
MAITLAND, FL 32751

**Current Mailing Address:**

531 VERSAILLES DR  
STE 202  
MAITLAND, FL 32751 US

**FEI Number:** 59-3433432

**Certificate of Status Desired:** No

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

BERKSON, GARY M  
GRAY ROBINSON  
301 EAST PINE STREET, SUITE 1400  
ORLANDO, FL 32801 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            LEVIN, SAMUEL B  
Address        531 VERSAILLES DRIVE, SUITE 202  
City-State-Zip: MAITLAND FL 32751

Title            VP, DIRECTOR, SECRETARY  
Name            MACKEY, ROBERT E  
Address        531 VERSAILLES DRIVE, SUITE 202  
City-State-Zip: MAITLAND FL 32751

Title            VP, DIRECTOR  
Name            SMITH, OMAR E  
Address        8029 RIDGE VALLEY  
City-State-Zip: WOODSTOCK GA 30189

Title            DIRECTOR  
Name            SARAF, SANDEEP S  
Address        531 VERSAILLES DRIVE, SUITE 202  
City-State-Zip: MAITLAND FL 32751

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SAMUEL B. LEVIN

**PRESIDENT**

**01/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date