

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000031553

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** SSKF, LLC

**Current Principal Place of Business:**

835 CHRISTINA CLUB  
OLDSMAR, FL 34677

**New Principal Place of Business:**

835 CHRISTINA CIR  
OLDSMAR, FL 34677

**Current Mailing Address:**

835 CHRISTINA CLUB  
OLDSMAR, FL 34677

**New Mailing Address:**

835 CHRISTINA CIR  
OLDSMAR, FL 34677

**FEI Number:** 20-8708200

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIMON, GERNOT  
835 CHRISTINA CLUB  
OLDSMAR, FL 34677 US

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

SIMON, GERNOT  
835 CHRISTINA CIR  
OLDSMAR, FL 34677 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: \_\_\_\_\_

04/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SIMON, GERNOT  
Address: 835 CHRISTINA CLUB  
City-St-Zip: OLDSMAR, FL 34677

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SIMON, GERNOT  
Address: 835 CHRISTINA CIR  
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GERNOT H SIMON

PRES

04/15/2009

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