


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000003421
 1. Entity Name
SUPPORT SERVICES INTERNATIONAL, LLC



Principal Place of Business
**1597 S.W. EGRET WAY
 PALM CITY, FL 34990**

Mailing Address
**78 PLEASANT VIEW RD
 PLEASANT VALLEY, NY 12569**

DO NOT WRITE IN THIS SPACE



02172005No Chg-LLC CR2E083 (10/03)

4. FEI Number 81-0608613	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**PASCIARELLA, MICHAEL A
 1597 S.W. EGRET WAY
 PALM CITY, FL 34990**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

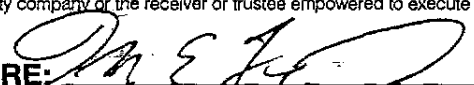
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FIGLIOZZI, MARK 78 PLEASANT VIEW ROAD PLEASANT VALLEY, NY 12569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PASCARELLA, MICHAEL 1597 S.W. EGRET WAY PALM CITY, FL 34990
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **MARGERY PARTHEN** 895-431-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #