

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000002379

**Entity Name:** SFSS ACCOUNTING, LLC

**Current Principal Place of Business:**

5541 N UNIVERSITY DR STE 103  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

5541 N UNIVERSITY DR STE 103  
CORAL SPRINGS, FL 33067 US

**FEI Number:** 26-1813724

**Certificate of Status Desired:** No

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

MOFSEN, HOWARD  
5541 N UNIVERSITY DR STE 103  
CORAL SPRINGS, FL 33067 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

**Authorized Person(s) Detail :**

Title MGRM  
Name MOFSEN, HOWARD  
Address 5541 N UNIVERSITY DR STE 103  
City-State-Zip: CORAL SPRINGS FL 33067

Title MGRM  
Name SOUTH FLORIDA SURGICAL  
SPECIALISTS LLC  
Address 5541 N UNIVERSITY DR STE 103  
City-State-Zip: CORAL SPRINGS FL 33067

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HOWARD MOFSEN

**MEMBER**

**02/23/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date