

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000013808

**Entity Name:** SSMS SCHOOL, LLC

**Current Principal Place of Business:**

6230 CORAL RIDGE DR, SUITE 100  
CORAL SPRINGS, FL 33076

**Current Mailing Address:**

6230 CORAL RIDGE DR, SUITE 100  
CORAL SPRINGS, FL 33076

**FEI Number:** 45-4406025

**Certificate of Status Desired:** No

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

HERNANDEZ, CPA, DAVID  
8200 NW 41ST STREET  
SUITE 200  
DORAL, FL 33166 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:** DAVID HERNANDEZ, CPA

03/27/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name ADAM, HANS E  
Address 6230 CORAL RIDGE DR, SUITE 100  
City-State-Zip: CORAL SPRINGS FL 33076

Title AMBR  
Name ADAM, ALICIA J  
Address 6230 CORAL RIDGE DR, SUITE 100  
City-State-Zip: CORAL SPRINGS FL 33076

Title AMBR  
Name ADAM, CLAUDIA  
Address 6230 CORAL RIDGE DR, SUITE 100  
City-State-Zip: CORAL SPRINGS FL 33076

*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:** HANS E ADAM

AMBR

03/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date