

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000000347

Entity Name: THE SSI GROUP, LLC**Current Principal Place of Business:**4721 MORRISON DRIVE
MOBILE, AL 36609**Current Mailing Address:**4721 MORRISON DRIVE
MOBILE, AL 36609 US**FEI Number:** 59-2715634**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 2200
TALLAHASSEE, FL 32301 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 MANAGER
Name WALLACE, CELIA A
Address 4721 MORRISON DRIVE
City-State-Zip: MOBILE AL 36609

Title MANAGER
Name WALLACE, GERALD L. JR.
Address 4721 MORRISON DRIVE
City-State-Zip: MOBILE AL 36609

Title MANAGER
Name BROOKS, JAMES
Address 4721 MORRISON DRIVE
City-State-Zip: MOBILE AL 36609

Title CEO
Name LYONS, JAMES M.
Address 4721 MORRISON DRIVE
City-State-Zip: MOBILE AL 36609

Title MANAGER
Name RUDOLPH, KRISTEN
Address 4721 MORRISON DRIVE
City-State-Zip: MOBILE AL 36609

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: GERALD L. WALLACE JR.

MANAGER

01/23/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date