

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000025551

**Entity Name:** SSP 1 LLC

**Current Principal Place of Business:**

2404 ALAQUA DR  
LONGWOOD, FL 32779

**Current Mailing Address:**

911 WINDMERE CT.  
DARIEN, IL 60561 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PATEL, SAMIT R  
2404 ALAQUA DR  
LONGWOOD, FL 32779 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 MGR  
Name THE SAMIT PATEL LIVING TRUST EST  
JUNE 1, 2018  
Address 2404 ALAQUA DR  
City-State-Zip: LONGWOOD FL 32779

Title AMBR  
Name SHEENA DILIP PATEL REVOCABLE  
TRUST EST JAN 21, 2015  
Address 2404 ALAQUA DR  
City-State-Zip: LONGWOOD FL 32779

Title AMBR  
Name THE PATEL LIVING TRUST EST  
DECEMBER 8TH, 2011  
Address 911 WINDMERE CT.  
City-State-Zip: DARIEN IL 60561

*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:** SAMIT PATEL

**MANAGER**

**04/12/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date