

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000064924

**Entity Name:** S 'N SS FAMILY TRIM LLC

**Current Principal Place of Business:**

822 HILLSIDE DR SOUTH  
ST PETERSBURG, FL 33705

**Current Mailing Address:**

822 HILLSIDE DR SOUTH  
ST PETERSBURG, FL 33705 US

**FEI Number:** 83-3830662

**Certificate of Status Desired:** Yes

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

FLETCHER, SEDRICK  
822 HILLSIDE DRIVE SOUTH  
ST PETERSBURG, FL 33705 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 AR  
Name FLETCHER, SEDRICK  
Address 822 HILLSIDE DRIVE SOUTH  
City-State-Zip: ST PETERSBURG FL 33705

Title CLERK  
Name DAY, CLESHUN  
Address 822 HILLSIDE DR SOUTH  
City-State-Zip: ST PETERSBURG FL 33705

Title AUTHORIZED REPRESENTATIVE  
Name CLEVELAND , RAJA  
Address 822 HILLSIDE DRIVE SOUTH  
City-State-Zip: SAINTPETERSBURG FL 33705

*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:** SEDRICK FLETCHER

CEO

03/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date