

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000325504

**Entity Name:** SSCJD LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

2200 LAKE POINTE CIR  
LEESBURG, FL 34748

**Current Mailing Address:**

2200 LAKE POINTE CIR  
LEESBURG, FL 34748 UN

**FEI Number:** 93-2309667

**Certificate of Status Desired:** No

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

SCHACK, SARAH  
2200 LAKE POINTE CIR  
LEESBURG, FL 34748 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 AMBR  
Name SCHACK, HAL S  
Address 2200 LAKE POINTE CIR  
City-State-Zip: LEESBURG FL 34748

Title AMBR  
Name SCHACK, SARAH  
Address 2200 LAKE POINTE CIR  
City-State-Zip: LEESBURG FL 34748

Title AP  
Name SCHACK, CORY J  
Address 2200 LAKE POINTE CIR  
City-State-Zip: LEESBURG FL 34748

*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:** SCHACK, CORY J

**MANAGER**

**03/30/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date