

**2024 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M15000002812

**Entity Name:** SSS BREVARD OPCO LLC

**Current Principal Place of Business:**

7887 SAFEGUARD CIRCLE  
VALLEY VIEW, OH 44125

**Current Mailing Address:**

7887 SAFEGUARD CIRCLE  
VALLEY VIEW, OH 44125 US

**FEI Number:** 47-3740516

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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           MANAGING DIRECTOR  
Name           IAFIGLIOLA, JOSEPH  
Address       7887 SAFEGUARD CIRCLE  
City-State-Zip: VALLEY VIEW OH 44125

Title           MANAGING MEMBER  
Name           SEASONS SERVICE SELECT, LLC  
Address       7887 SAFEGUARD CIRCLE  
City-State-Zip: VALLEY VIEW OH 44125

Title           SECRETARY  
Name           ERKKLIA, LINDA  
Address       7887 SAFEGUARD CIRCLE  
City-State-Zip: VALLEY VIEW OH 44125

Title           MANAGING PARTNER  
Name           JAFFA , ALAN  
Address       7887 SAFEGUARD CIRCLE  
City-State-Zip: VALLEY VIEW OH 44125

Title           CEO  
Name           LAZZARO, THOMAS  
Address       7887 SAFEGUARD CIRCLE  
City-State-Zip: VALLEY VIEW OH 44125

*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:** ALAN JAFFA

**MANAGING PARTNER**

**03/13/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date