

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000006693

**Entity Name:** SSS DOWN TO EARTH OPCO II 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:** 37-1834607**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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           | MEMBER                      |
| Name            | SEASONS SERVICE SELECT, LLC |
| Address         | 7887 SAFEGUARD CIRCLE       |
| City-State-Zip: | VALLEY VIEW OH 44125        |

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

|                 |                       |
|-----------------|-----------------------|
| Title           | ANNUAL REPORT SIGNER  |
| Name            | ERKKILA, LINDA        |
| 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:** LINDA ERKKILA**AUTHORIZED PERSON****02/23/2023**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date