

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014454

Entity Name: 3S, LLC

FILED  
Apr 27, 2009  
Secretary of State

**Current Principal Place of Business:**

1477 LEXINGTON AVENUE  
DAVENPORT, FL 33837

**New Principal Place of Business:**

**Current Mailing Address:**

1477 LEXINGTON AVENUE  
DAVENPORT, FL 33837

**New Mailing Address:**

FEI Number: 59-3682656

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

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

1477 LEXINGTON AVENUE  
DAVENPORT, FL 33837 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: HAROLD N. SAMSON

04/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: OPHEIM, STEVEN  
Address: 3154 ISLAND VIEW DRIVE  
City-St-Zip: MOUND, MN 55364

Title: MGRM ( ) Delete  
Name: SAMSON, HAROLD N  
Address: 1477 LEXINGTON AVENUE  
City-St-Zip: DAVENPORT, FL 33837

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: HAROLD N. SAMSON

MGRM

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date