

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021219

Entity Name: SSI LUBRICANTS LLC

FILED
Apr 12, 2006
Secretary of State

Current Principal Place of Business:

1281 SOUTH MAIN STREET
BELLE GLADE, FL 33430

New Principal Place of Business:

5131 RECKER HIGHWAY
WINTER HAVEN, FL 33880

Current Mailing Address:

1281 SOUTH MAIN STREET
BELLE GLADE, FL 33430

New Mailing Address:

5131 RECKER HIGHWAY
WINTER HAVEN, FL 33880

FEI Number: 65-1158761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARRUZA, CARLOS M
9375 SOUTHERN OAK LANE
JUPITER, FL 33478 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ARRUZA, CARLOS M
Address: 9375 SOUTHERN OAK LANE
City-St-Zip: JUPITER, FL 33478

Title: MGRM () Delete
Name: ARRUZA, ANTONIO M
Address: 250 EDMORE ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: MGRM () Delete
Name: AZQUETA, SYLVIA
Address: 7615 S. FLAGLER DR.
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES:

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

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 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: CARLOS M ARRUZA

MGR

04/12/2006

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