

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90003 002 ****50.00

DOCUMENT # L02000016040

1. Entity Name

SSCS, L.C.



Principal Place of Business

Mailing Address

~~4675 PONCE DE LEON BOULEVARD, SUITE 305~~
CORAL GABLES FL 33146

~~4675 PONCE DE LEON BOULEVARD, SUITE 305~~
CORAL GABLES FL 33146

2. Principal Place of Business

2199 Ponce de Leon Blvd

Suite, Apt. #, etc.
Suite 301

City & State
CORAL Gables

Zip
33134

Country
USA

3. Mailing Address

2199 Ponce de Leon Blvd

Suite, Apt. #, etc.
Suite 301

City & State
Coral Gables, FL

Zip
33134

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

06-1639280

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STINSON, LOUIS JR.

4675 PONCE DE LEON BOULEVARD, SUITE 305
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

Stewart Agent Service

Street Address (P.O. Box Number is Not Acceptable)

2199 Ponce de Leon Blvd

Suite 301

City

Coral Gables

FL

Zip Code

33134

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Manager

3/24/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MANAGER
STINSON, LOUIS
2199 Ponce de Leon Blvd #301
CORAL GABLES, FL 33134

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/24/03 305-444-8807

Date

Daytime Phone #

CR2E083 (10/02)