

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000025491

FILED  
Jan 06, 2005  
Secretary of State

Entity Name: SS&N LLC

**Current Principal Place of Business:**

9781 NE 17TH PATH  
WILDWOOD, FL 34785

**New Principal Place of Business:**

**Current Mailing Address:**

9781 NE 17TH PATH  
WILDWOOD, FL 34785

**New Mailing Address:**

6150 ROBLEY TATE COURT  
CHARLOTTE, NC 28270

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

DRIGGERS, NANCY  
9781 NE 17TH PATH  
WILDWOOD, FL 34785 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: MRS. NANCY DRIGGERS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: HOEFT, SANDRA  
Address: 6150 ROBLEY TATE COURT  
City-St-Zip: CHARLOTTE, NC 28270

Title: MGRM ( ) Delete  
Name: FETSCHER, SUZANNE  
Address: 400 NORTH CHURCH STREET #217  
City-St-Zip: CHARLOTTE, NC 28202

Title: MGRM ( ) Delete  
Name: DRIGGERS, NANCY  
Address: 9781 N.E. 17TH PATH  
City-St-Zip: WILDWOOD, FL 34785

Title: MGRM ( ) Delete  
Name: HOEFT, KARL  
Address: 6150 ROBLEY TATE COURT  
City-St-Zip: CHARLOTTE, NC 28270

Title: MGRM ( ) Delete  
Name: FETSCHER, ELMAR  
Address: 400 NORTH CHURCH STREET #217  
City-St-Zip: CHARLOTTE, NC 28202

Title: MGRM ( ) Delete  
Name: DRIGGERS, JERRY  
Address: 9781 N.E. 17TH PATH  
City-St-Zip: WILDWOOD, FL 34785

**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:

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 Section 119.07(3)(i), 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: KARL A. HOEFT

MR.

01/06/2005

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