

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 A
Secretary of State

DOCUMENT # L03000008189	
1. Entity Name SS & SONS, L.L.C.	
Principal Place of Business 203 WEST OAK ST. ARCADIA, FL 34266 US	Mailing Address 203 WEST OAK ST. ARCADIA, FL 34266 US



01282008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0068703	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

SANDERS, SANDRA L
203 WEST OAK ST.
ARCADIA, FL 34266

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000858717
04/01/08-80056-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANDERS, SANDRA L 203 WEST OAK ST. ARCADIA, FL 34266
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

3/11/08 *863-491-5003*
Date Daytime Phone #