

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90299 016 ****50.00

DOCUMENT # L03000017937

1. Entity Name

S S S INVESTMENTS, LLC



Principal Place of Business

7216 PIERCE HARWELL ROAD
PLANT CITY FL 33565-4878

Mailing Address

7216 PIERCE HARWELL ROAD
PLANT CITY FL 33565-4878

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0782107

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, SHEELA
7216 PIERCE HARWELL ROAD
PLANT CITY FL 33565-4878

Name

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

City

FL

Zip Code

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, 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, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME PATEL, SHEELA
STREET ADDRESS 7216 PIERCE HARWELL ROAD
CITY-ST-ZIP PLANT CITY FL 33565-4878

TITLE MGR ☐ Change ☐ Addition
NAME PATEL SHEELA
STREET ADDRESS 7216 PIERCE HARWELL RD
CITY-ST-ZIP PLANT CITY FL 33565-4878

TITLE MGR ☐ Delete
NAME PATEL, ABHIMANYU A
STREET ADDRESS 38 KEUNE CT
CITY-ST-ZIP STATEN ISLAND NY 10304

TITLE MGR ☐ Change ☐ Addition
NAME PATEL ABHIMANYU A.
STREET ADDRESS 38 KEUNE COURT.
CITY-ST-ZIP STATEN ISLAND NY 10304

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #