


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000019246	
1. Entity Name S & S SYSTEMS LLC	

Principal Place of Business 13562 MEADOW BAY LOOP ORLANDO, FL 32824 US	Mailing Address 13562 MEADOW BAY LOOP ORLANDO, FL 32824 US
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 32-0078271	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  SURAPANENI, SRINIVAS 13562 MEADOW BAY LOOP ORLANDO, FL 32824	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SURAPANENI, SRINIVAS 13562 MEADOW BAY LOOP ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SURAPANENI, SIRISHA 13562 MEADOW BAY LOOP ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VEMULAPALLI, VISHNU P 6209 140W # 277 AMARILLO, TX 79106
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000173532  
01/07/05-80023-007 50.00

**DO NOT WRITE  
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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)(f), 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.