

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90074 024 ****50.00

DOCUMENT # L03000037130

1. Entity Name
S.S., L.L.C.



Principal Place of Business
5941 SPANISH OAKS LN
NAPLES, FL 34119

Mailing Address
5941 SPANISH OAKS LN
NAPLES, FL 34119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0231914

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAUTA, SUSAN K
~~5941 20TH AVE N.W.~~
NAPLES, FL 34119

7. Name and Address of New Registered Agent

Name GAUTA, SUSAN K
Street Address (P.O. Box Number is Not Acceptable)
5941 SPANISH OAKS LN
City NAPLES, FL Zip Code 34119

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 *Susan K Gauta*
Signature, typed or printed name of registered agent and title if applicable.

SUSAN GAUTA
(NOTE: Registered Agent signature required when reinstating)

4/15/05
DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GAUTA, SUSAN K ☐ Delete
STREET ADDRESS ~~5941 20TH AVE N.W.~~
CITY-ST-ZIP NAPLES, FL 34119

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME GAUTA, SUSAN K
STREET ADDRESS 5941 Spanish Oaks Ln
CITY-ST-ZIP Naples, FL 34119

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

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

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

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

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

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: *Susan K Gauta*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #