

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

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



03092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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 SPANISH OAKS LANE
NAPLES, FL 34119

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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

Susan K. Gault

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/14/06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

000000469960
03/27/06-80022-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GAUTA, SUSAN K
STREET ADDRESS 5941 SPANISH OAKS LANE
CITY-ST-ZIP NAPLES, FL 34119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Susan K. Gault

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/14/06 (257) 21-59641

Date

Daytime Phone #