

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037526

Entity Name: SSAC, LLC

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

405 FIFTH AVE. S.
SUITE 6
NAPLES, FL 34102

New Principal Place of Business:

9229 DELEGATES ROW
SUITE #260
INDIANAPOLIS, IN 46240

Current Mailing Address:

405 FIFTH AVE. S.
SUITE 6
NAPLES, FL 34102

New Mailing Address:

9229 DELEGATES ROW
SUITE #260
INDIANAPOLIS, IN 46240

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIOTT, JOHN E II
405 FIFTH AVE. S.
SUITE 6
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ELLIOTT, JOHN
Address: 405 FIFTH AVE. S. STE. 6
City-St-Zip: NAPLES, FL 34102

Title: MGRM () Delete
Name: KUHNERT, LARRY
Address: 405 FIFTH AVE. S. STE. 6
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MIDDENDORF, MATTHEW
Address: 9229 DELEGATES ROW SUITE #260
City-St-Zip: INDIANAPOLIS, IN 46240

Title: MGRM (X) Change () Addition
Name: RICHARDSON, MARVIN
Address: 9229 DELEGATES ROW SUITE #260
City-St-Zip: INDIANAPOLIS, IN 46240

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARVIN RICHARDSON

MR.

04/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date