

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000043639

1. Entity Name
SSGP OF FLORIDA, LLC



Principal Place of Business
841 PRUDENTIAL DRIVE, SUITE 1300
JACKSONVILLE, FL 32207

Mailing Address
841 PRUDENTIAL DRIVE, SUITE 1300
JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DODT, HAROLD
841 PRUDENTIAL DRIVE
SUITE 1300
JACKSONVILLE, FL 32207



01092008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-0381986

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000791351
01/23/08-80072-008 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME DODT, HAROLD
STREET ADDRESS 841 PRUDENTIAL DR. STE 1300
CITY-ST-ZIP JACKSONVILLE, FL 32207

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CITY-ST-ZIP

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

Date Daytime Phone #

Payment Date:	Amount
Account	Description
FILED	
Jan 22, 2008 08:00 A	
Secretary of State	
Approval:	