2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000063976

1. Entity Name
SOUTHERN SOLID SURFACES, LLC



FILED
Apr 28, 2008 08:00 AM
Secretary of State

Principal Place of Business

9635 EBERT AVE HASTINGS, FL 32145 Mailing Address

9635 EBERT AVE HASTINGS, FL 32145



04242008 No Chg-LLC

CR2E083 (12/07)

Fee Required

80-0121283		Not Applicable	
• Contificate of Chat is Decised	_	\$5.00 Additional	

6. Name and Address of Current Registered Agent

CURRY, STEPHANIE 9 SAN BARTOLA DRIVE ST. AUGUSTINE, FL 32086 DO NOT WRITE IN THIS SPACE

4-25-08

904-759-699

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 re-instating)	DATE	
FILE After May	NOWIII FEE IS \$138.75 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS	5克丁·马克拉萨加克萨 (10) 克伊尔亚岛	STATES THE STATE OF THE STATE O	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PACETTI, DANIEL 9635 EBERT AVE HASTINGS, FL 32145			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000929608 21.08-80076-009 138.75	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THI	S SPACE	
THTLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. OR AUTHORIZED REPRESENTATIVE