

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000066419**

1. Entity Name  
SSC ENTERPRISES, LLC



Principal Place of Business  
638 NORTH FERDON BOULEVARD  
CRESTVIEW, FL 32536 US

Mailing Address  
PO BOX 729  
CRESTVIEW, FL 32536 US



04152008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1594234	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SPEARS, FREDDIE E  
638 NORTH FERDON BOULEVARD  
CRESTVIEW, FL 32536

**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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/08

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SPEARS, FREDDIE E
STREET ADDRESS	638 N. FERDON BLVD., SUITE 2
CITY-ST-ZIP	CRESTVIEW, FL 32536

TITLE	
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CITY-ST-ZIP	

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U00000918789  
05/13/08-80093-022 138.75

**DO NOT WRITE  
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:**

4/15/08

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

Date

Daytime Phone #