LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2005 8:00 am
Secretary of State
04-06-2005 90020 032 ****50.00

DOCUMENT # L04000075134

1. Entity Name
SSB Design, LLC

DO NOT WRITE IN THIS SPACE

20026819

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
459 Hilltop Road	459 Hilltop Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Yorktown NY	City & State: Yorktown NY
Zip: 10598 Country: USA	Zip: 10598 Country: USA

4. FEI Number: 20-1811499 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1840 Coral Way, 4th Floor

City: Miami FL Zip Code: 33145

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Operating Manager Audrey Sherman 459 Hilltop Road Yorktown Hts., NY 10598
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Jariya Sukpanichnant 459 Hilltop Road Yorktown Hts., NY 10598
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Erika Carrasco~~ Secretary Erika Carrasco 459 Hilltop Road Yorktown, NY 10598
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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Audrey Sherman 3/30/05 (914) 245-7596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #