

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90069 045 ***138.75

DOCUMENT # L04000076808

1. Entity Name
SS INVESTMENT GROUP, LLC



Principal Place of Business
2251 ST. JOHNS BLUFF ROAD., SOUTH
JACKSONVILLE, FL 32246

Mailing Address
2251 ST. JOHNS BLUFF ROAD., SOUTH
JACKSONVILLE, FL 32246

60019206



2. Principal Place of Business - No P.O. Box #
4315 Pablo Oaks Court

3. Mailing Address
4315 Pablo Oaks Court

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.
Suite 1

03252008 Chg-LLC CR2E083 (12/06)

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
20-1889482

Applied For
Not Applicable

Zip
32224

Country
USA

Zip
32224

Country
USA

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
SLG management Services, LLC

Street Address (P.O. Box Number is Not Acceptable)
4315 Pablo Oaks Court

Suite 1

City
Jacksonville

FL

Zip Code
32224

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

Mallory Gayle Holm Mallory Gayle Holm V.P.

032608

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGRM
SHEA INVESTMENT GROUP, INC.
STREET ADDRESS
2251 ST JOHNS BLUFF RF SOUTH
CITY-ST-ZIP
JACKSONVILLE, FL 32246 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
P
SHEA, TIMOTHY G.
STREET ADDRESS
4315 Pablo Oaks Court
CITY-ST-ZIP
Jacksonville, FL 32224 ☒ Change ☐ Addition

TITLE
NAME
EVP
SHEA, JOHN W.
STREET ADDRESS
4315 Pablo Oaks Court
CITY-ST-ZIP
Jacksonville, FL 32224 ☐ Change ☒ Addition

TITLE
NAME
VP
KUNKEL, JOHN C.
STREET ADDRESS
4315 Pablo Oaks Court
CITY-ST-ZIP
Jacksonville, FL 32224 ☐ Change ☒ Addition

TITLE
NAME
Secretary
STUBBS, STEPHANIE A.
STREET ADDRESS
4315 Pablo Oaks Court
CITY-ST-ZIP
Jacksonville, FL 32224 ☐ Change ☒ Addition

TITLE
NAME
AS
HOLM, MALLORY G
STREET ADDRESS
4315 Pablo Oaks Court
CITY-ST-ZIP
Jacksonville, FL 32224 ☐ Change ☒ Addition

TITLE
NAME
AS
LAWARRE, JOY L
STREET ADDRESS
4315 Pablo Oaks Court
CITY-ST-ZIP
Jacksonville, FL 32224 ☐ Change ☒ Addition

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:

Mallory Gayle Holm

Mallory Gayle Holm, AS.

904 4821100

03/26/08

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

Date

Daytime Phone #