

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076808

FILED
Apr 14, 2009
Secretary of State

Entity Name: SS INVESTMENT GROUP, LLC

Current Principal Place of Business:

4315 PABLO OAKS CRT STE 1
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

4315 PABLO OAKS CRT STE 1
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 20-1889482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLG MANAGEMENT SERVICES, LLC
4315 PABLO OAKS CRT STE 1
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: AS () Delete
Name: LAWARRE, JOY L
Address: 4315 PABLO OAKS CRT
City-St-Zip: JACKSONVILLE, FL 32224

Title: P () Delete
Name: SHEA, TIMOTHY G
Address: 4315 PABLO OAKS CRT
City-St-Zip: JACKSONVILLE, FL 32224

Title: EVP () Delete
Name: SHEA, JOHN W
Address: 4315 PABLO OAKS CRT
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP () Delete
Name: KUNKEL, JOHN C
Address: 4315 PABLO OAKS CRT
City-St-Zip: JACKSONVILLE, FL 32224

Title: S () Delete
Name: STUBBS, STEPHANIE A
Address: 4315 PABLO OAKS CRT
City-St-Zip: JACKSONVILLE, FL 32224

Title: AS () Delete
Name: HOLM, MALLORY G
Address: 4315 PABLO OAKS CRT
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOY L LAWARRE

AS

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date