

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076808

FILED  
Apr 22, 2010  
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: V  
Name: VANZANT, CHRIS  
Address: 4315 PABLO OAKS CRT  
City-St-Zip: JACKSONVILLE, FL 32224

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

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

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

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

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

I hereby 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: MALLORY GAYLE HOLM

VP

04/22/2010

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