2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/1/2006-90064-017-$50.00-$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 14 AM 10: 14

DOCUMENT # L05000009165

1. Entity Name

SSO, LLC

Principal Place of Business	Mailing Address
11501 N.W. 225-A REDDICK FL 32686-9794	11501 N.W. 225-A REDDICK FL 32686-9794

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
13400 NW Hwy 225	P.O. Box 610
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Reddick, FL	City & State: Fairfield, FL
Zip: 32686 Country: USA	Zip: 32634 Country: USA

4. FEI Number: 02-0786466 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MURTY, STEPHEN G ESQ. 111 S.W. 8TH STREET OCALA FL 34474	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LERMAN, ROY S 11501 N.W. 225-A REDDICK FL 32686-9794 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Roy S. Lerman 7/24/06 352/591-0603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #