

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90119 027 \*\*\*138.75

**DOCUMENT # L05000064983**

1. Entity Name  
**SOUND SENSE LLC**



Principal Place of Business  
**12 GULFSHORE BOULEVARD NORTH  
NAPLES, FL 34102**

Mailing Address  
**12 GULFSHORE BOULEVARD NORTH  
NAPLES, FL 34102**

**60006148**



2. Principal Place of Business - No P.O. Box #  
**746 Spyglass Lane**

3. Mailing Address  
**746 Spyglass Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032008 Chg-LLC CR2E083 (12/06)

City & State  
**Naples, FL**

City & State  
**Naples, FL**

4. FEI Number  
**20-3093858**

Applied For  
Not Applicable

Zip  
**34102**

Country  
**USA**

Zip  
**34102**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**BULLOCK, SARAH C  
12 GULFSHORE BOULEVARD NORTH  
NAPLES, FL 34102**

**7. Name and Address of New Registered Agent**

Name  
**Bullock, Sarah C.**

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

**746 Spyglass Lane**

City  
**Naples**

**FL**

Zip Code  
**34102**

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

**1/11/08**

**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  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BULLOCK, SARAH C  
12 GULFSHORE BOULEVARD NORTH  
NAPLES, FL 34102** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
Bullock, Sarah C.  
746 Spyglass Lane  
Naples, FL 34102** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ 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:**

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

DATE

Daytime Phone #

**1/11/08**