

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000083218

Entity Name: SS ENTERPRISES, LLC

**FILED**  
**Dec 05, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

P.O. BOX 461  
DESTIN, FL 32541

**New Principal Place of Business:**

35 CORD ROAD  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

P.O. BOX 461  
DESTIN, FL 32541

**New Mailing Address:**

35 CORD ROAD  
SANTA ROSA BEACH, FL 32459

FEI Number: 56-2527412

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHACKLEY, SCOTT  
212 SIEBERT AVE  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

SHACKLEY, SCOTT  
35 CORD ROAD  
SANTA ROSA BEACH, FL 32459 US

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: SCOTT M SHACKLEY

12/05/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHACKLEY, SCOTT  
Address: P.O. BOX 461  
City-St-Zip: DESTIN, FL 32541

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHACKLEY, SCOTT  
Address: 35 CORD ROAD  
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the 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: SCOTT M SHACKLEY

MGRM

12/05/2006

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