

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000097064

Entity Name: SSL&P, L.L.C.

**FILED**  
**Feb 09, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

11550 HIDDEN HARBOR WAY  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

6530 W ROGERS CIRCLE  
SUITE 28  
BOCA RATON, FL 33487

**Current Mailing Address:**

PO BOX 551260  
JACKSONVILLE, FL 32255

**New Mailing Address:**

6530 W ROGERS CIRCLE  
SUITE 28  
BOCA RATON, FL 33487

FEI Number: 20-3583727      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

ANSBACHER & SCHNEIDER, P.A.  
5150 BELFORT ROAD BLDG 100  
JACKSONVILLE, FL 32256      US

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

LEWIS, STEVE S  
6530 W ROGERS CIRCLE  
SUITE 28  
BOCA RATON, FL 33487      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: STEVE S LEWIS

02/09/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LEWIS, BEN  
Address: 11550 HIDDEN HARBOR WAY  
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGRM  
Name: LEWIS, MARK  
Address: 103 HARRINGTON POINT  
City-St-Zip: CHAPEL HILL, NC 27516

Title: MGRM  
Name: LEWIS, STEVE  
Address: 4505 S. OCEAN BLVD., APT. 608  
City-St-Zip: HIGHLAND BEACH, FL 33487

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: STEVE S LEWIS

MGRM

02/09/2010

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