

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002173

Entity Name: 3S LLC

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

26401 EMERY RD
#104
WARRENSVILLE HEIGHTS, OH 44128 US

New Principal Place of Business:

Current Mailing Address:

26401 EMERY RD
#104
WARRENSVILLE HEIGHTS, OH 44128 US

New Mailing Address:

FEI Number: 20-4115102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, DAVID L
2423 NW 63 RD STREET
BOCA RATON, FL 33496 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: MGR () Delete
Name: SCHEER, JOEL
Address: 26401 EMERY RD
City-St-Zip: WARRENSVILLE HEIGHTS, OH 44128 US

Title: MGR () Delete
Name: SCHEER, MARK
Address: 26401 EMERY RD
City-St-Zip: WARRENSVILLE HEIGHTS, OH 44128 US

Title: MGR () Delete
Name: DAVID SIMON-TRUSTEE,
Address: 26401 EMERY RD #104
City-St-Zip: WARRENSVILLE HTS, OH 44128 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOEL R SCHEER

MGR

03/24/2009

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