2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

FILED Apr 02, 2007 8:00 am Secretary of State 04-02-2007 90430 002 ****50.00

DOCUMENT # L06000009651 1. Entity Name SSM, LLC							04-02-2007 30	150 002	30.0	
Principal Place of Business Mailing Address						1				
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2. Principal Place of Business - No P.O. Box #			3. Maning Address					 1	1 3	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02022007	Chg-LLC	CR2E08	3 (12/06)	
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City & State		City & State			4. FEI Numbe	500	120	<u> </u>	plied For	
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Zip		Country	Zip Count		itry	E Cartificate	of Ctatus Desiron		5.00 Add	itional
		A Company				5. Certificate	of Status Desired		ee Required	
	6. Name	and Address of Current F	legistered Agent		·	7. Name and	Address of New Re	cistered A	gent	
					Name			3		
COSTELLO	O TRUM	ANI I								
		NY BLVD., STE. 101			Street Address (P.O. Box Number	er is Not Acceptable))		
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FORTMIT	ERS, FL	33907					· - , ·-			
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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										
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Filing Fee is \$50.00 Due by May 1, 2007						.]		check pa		Ì
U	ue by Ma	y 1, 2007			Florida	Departme	nt of State	•		
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9		MANAGING MEMBER	RS/MANAGERS	10.			_ADDITIONS/	CHANGES		
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11. Thereby 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 emprovered to execute this report as required by Chapter 608. Florida Statutes.										