

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000020407

1. Entity Name
SECURE SOFTWARE SOLUTIONS, LLC



Principal Place of Business

C/O MICHAEL FINE
172 SPYGLASS LANE
JUPITER, FL 33477

Mailing Address

C/O MICHAEL FINE
172 SPYGLASS LANE
JUPITER, FL 33477



02112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS CRAMER LLP
1555 PALM BEACH LAKES BLVD.
SUITE 310
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000829485
02/26/08-80039-022 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	FINE, MICHAEL
STREET ADDRESS	172 SPYGLASS LANE
CITY- ST- ZIP	JUPITER, FL 33477

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Michael Fine* MICHAEL FINE

2-14-08

561-745-2371

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

Date

Daytime Phone #