

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034399

FILED
Apr 02, 2009
Secretary of State

Entity Name: S S & P, LLC

Current Principal Place of Business:

6200 OLD HARDING HIGHWAY, D-2
MAYS LANDING, NJ 08330

New Principal Place of Business:

Current Mailing Address:

6200 OLD HARDING HIGHWAY, D-2
MAYS LANDING, NJ 08330

New Mailing Address:

FEI Number: 20-4650749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROOVER, CLARAMARGARET H
1124 BRYN MAWR STREET
ORLANDO, FL 32804 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: MGRM () Delete
Name: STARK, THOMAS
Address: 8 DOCKSIDE DRIVE
City-St-Zip: EGG HARBOR TOWNSHIP, NJ 08234

Title: MGRM () Delete
Name: STARK, GWENDOLYN F
Address: 8 DOCKSIDE DRIVE
City-St-Zip: EGG HARBOR TOWNSHIP, NJ 08234

Title: MGRM () Delete
Name: SOISTMANN, BRIAN E
Address: 118 RUBY DRIVE
City-St-Zip: EGG HARBOR TOWNSHIP, NJ 08234

Title: MGRM () Delete
Name: SOISTMANN, JENNIFER K
Address: 118 RUBY DRIVE
City-St-Zip: EGG HARBOR TOWNSHIP, NJ 08234

Title: MGRM () Delete
Name: PAUGH, C. PETER
Address: 1121 ALOE STREET
City-St-Zip: SOUTH EGG HARBOR, NJ 08215

Title: MGRM () Delete
Name: PAUGH, KAREN E
Address: 1121 ALOE STREET
City-St-Zip: SOUTH EGG HARBOR, NJ 08215

ADDITIONS/CHANGES:

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

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

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

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

Title: () Change () Addition
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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: GWENDOLYN F. STARK

MGRM

04/02/2009

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