

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000070185

**Entity Name:** S&S TECHNOLOGIES, LLC

**FILED**  
**Jan 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

415 GUS HIPPI BLVD.  
ROCKLEDGE, FL 32955 US

**New Principal Place of Business:**

**Current Mailing Address:**

415 GUS HIPPI BLVD.  
ROCKLEDGE, FL 32955 US

**New Mailing Address:**

**FEI Number:** 20-5202074

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SZCZEPANSKI, PAUL  
105 ISLAND VIEW DRIVE  
INDIAN HARBOUR BEACH, FL 32937 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  
**Name:** SZCZEPANSKI, PAUL  
**Address:** 415 GUS HIPPI BOULEVARD  
**City-St-Zip:** ROCKLEDGE, FL 32955 US

**Title:** MGR  
**Name:** VISI, TITO C  
**Address:** 415 GUS HIPPI BOULEVARD  
**City-St-Zip:** ROCKLEDGE, FL 32955 US

**Title:** MGR  
**Name:** STEPKO, MOLLY  
**Address:** 415 GUS HIPPI BOULEVARD  
**City-St-Zip:** ROCKLEDGE, FL 32955 US

**Title:** MGR  
**Name:** NAPOLITANO, PHILIP  
**Address:** 415 GUS HIPPI BOULEVARD  
**City-St-Zip:** ROCKLEDGE, FL 32955 US

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:** PAUL SZCZEPANSKI

PRES

01/27/2012

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