

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

4/ **FILED**
Aug 27, 2008 8:00 am
Secretary of State

04-01-2008 90064 045 ***138.75

DOCUMENT # L07000032548	
1. Entity Name SSCS, LLC	

Principal Place of Business 2800 PONCE DE LEON BLVD., SUITE 1125 MIAMI FL 33134	Mailing Address 2800 PONCE DE LEON BLVD., SUITE 1125 MIAMI FL 33134
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30011046



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

4. FEI Number	☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired	☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SCHERMER, STEVEN J 2800 PONCE DE LEON BLVD., SUITE 1125 MIAMI FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature: Insert in printed name of registered agent and sign it legibly. (NOTE: Registered agent is to sign this statement once.)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Stanley Shapiro 60 Edgewater Drive, Apt. 17K Coral Gables, FL 33133 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

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

3-10-08 305-666-7460
Date Designation