2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

03-17-2008 90262 043 ***138.75

DOCUMENT # L07000127638

1. Entity Name
SSU, LLC

Principal Place of Business	Mailing Address
8371 MCALLISTER WAY WEST PALM BEACH, FL 33411	8371 MCALLISTER WAY WEST PALM BEACH, FL 33411

30005147

03122008 Chg-LLC CR2E083 (12/06)

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

4. FEI Number 26-2471815 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BEALE, DANIEL
349 86TH TERRACE SOUTH
WEST PALM BEACH, FL 33411

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 reinstating) DATE

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	MGMR BEALE, DANIEL 349 86TH TERRACE SOUTH WEST PALM BEACH, FL 33411	☐ 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 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: [signature] DANIEL BEALE 3.12.08 561-791-4485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT
30005147
#L07000127638

You already have this check

DANIEL BEALE
8371 MCALLISTER
WEST PALM BEACH, FL 33411

240
63-1114/670

3-12-03
Date

Pay to the Order of DIVISION of CORPORATION $ 138 75

One hundred thirty Eight & 75/100 Dollars

RIVERSIDE NATIONAL BANK
RIVERSIDE NATIONAL BANK OF FLORIDA
ROYAL PALM BEACH OFFICE

For L07000127638

MP

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