

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000051997

Entity Name: SSB 4195, LLC

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4195 NW 167 TH STREET  
MIAMI GARDENS, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

4195 NW 167TH STREET  
MIAMI GARDENS, FL 33055

**New Mailing Address:**

FEI Number: 27-0595464

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KIT PROFESSIONALS INC  
6025 BOCA COLONY DR  
312  
BOCA RATON, FL 33433 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: KIT PROFESSIONALS INC

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HUSSAIN, SYED B  
Address: 10211 SW 18 TH STREET  
City-St-Zip: DAVIE, FL 33324 US

Title: MGRM  
Name: HASAN, SYED S  
Address: 8430 SW 99 TH AVENUE  
City-St-Zip: MIAMI, FL 33173 US

Title: MGRM  
Name: HASSAN, SYED Z  
Address: 4960 SW 94 TH AVENUE  
City-St-Zip: COOPER CITY, FL 33328 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: SYED B HUSSAIN

MGRM

01/10/2011

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