

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000007940

1. Entity Name
SSBL, L.C.



Principal Place of Business

1133 BAL HARBOUR BOULEVARD, SUITE 1129
PUNTA GORDA, FL 33950

Mailing Address

1133 BAL HARBOUR BOULEVARD, SUITE 1129
PUNTA GORDA, FL 33950

FILED
Aug 09, 2004 08:00 AM
Secretary of State



07132004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0976748

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STEFANIK, STEVEN A
179 GRENADA STREET
PORT CHARLOTTE, FL 33948

DO NOT WRITE
IN THIS SPACE

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 reappointing)

DATE

Filing Fee is \$50.00
Due by September 8, 2004

U00000169513
08/09/04 00003-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STEFANIK, STEVEN A
STREET ADDRESS	179 GRENADA STREET
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	MGRM
NAME	LYN, BEVIS J
STREET ADDRESS	39311 WASHINGTON LOOP RD.
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	MGRM
NAME	LOWA, KENNETH W
STREET ADDRESS	2610 WATERFOWL LANE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33983
TITLE	MGRM
NAME	SMITH, JOHN D
STREET ADDRESS	5064 LACOSTA ISLAND CIRCLE
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE