

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90057 012 ****50.00

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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

20000858



01062005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0976748

Applied For
Not Applicable

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

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 May 1, 2005**

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

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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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #