

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M03000003421**

1. Entity Name  
**SUPPORT SERVICES INTERNATIONAL, LLC**



Principal Place of Business

**1597 S.W. EGRET WAY  
PALM CITY, FL 34990**

Mailing Address

**78 PLEASANT VIEW RD  
PLEASANT VALLEY, NY 12569**

**DO NOT WRITE IN THIS SPACE**



02172005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

**81-0608613**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PASCIARELLA, MICHAEL A  
1597 S.W. EGRET WAY  
PALM CITY, FL 34990**

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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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
FIGLIOZZI, MARK  
78 PLEASANT VIEW ROAD  
PLEASANT VALLEY, NY 12569**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
PASCARELLA, MICHAEL  
1597 S.W. EGRET WAY  
PALM CITY, FL 34990**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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02/22/05-80021-005 55.00

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

**MARCELYN PANTON 895-431-6600**