


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90025 010 \*\*\*138.75

<b>DOCUMENT # M07000002319</b> 1. Entity Name SS ORMOND BEACH, LLC	
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Principal Place of Business 7932 WEST SAND LAKE ROAD, SUITE 108 ORLANDO, FL 32819	Mailing Address 7932 WEST SAND LAKE ROAD, SUITE 108 ORLANDO, FL 32819
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**DO NOT WRITE IN THIS SPACE**

04232008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-8842293	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

LSBEB AGENT SERVICES, INC.  
390 NORTH ORANGE AVE., SUITE 600  
ORLANDO, FL 32801

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR O'BRIEN, KURT 7932 WEST SAND LAKE ROAD, SUITE 108 ORLANDO, FL 32819
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IN THIS SPACE**

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:**  **APR 28 2008**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 407-248-7878