## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000121802

Entity Name: S&S1 PROPERTIES, LLC.

**Current Principal Place of Business:** 

1100 WEST AVENUE SUITE 402

MIAMI BEACH, FL 33139

**FILED** Apr 06, 2017 **Secretary of State** CC3934504092

## **Current Mailing Address:**

1100 WEST AVENUE **SUITE 402** MIAMI BEACH, FL 33139 US

FEI Number: 27-4678139 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

AGHAIEPOUR, SIAVASH 1100 WEST AVENUE SUITE 402

MIAMI BEACH, FL 33139 US

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: SIA AGHAIEPOUR 04/06/2017

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGRM Title **AMBR** 

Name AGHAIEPOUR, SIAVASH Name AGHAIEPOUR, ROOZBEH

1100 WEST AVENUE 1100 WEST AVENUE Address Address SUITE 402

SUITE 402

City-State-Zip: MIAMI BEACH FL 33139 City-State-Zip: MIAMI BEACH FL 33139

Title **AMBR** Title AMBR

Name AFSORDEHGHALATI, SHAHIN Name AGHAIEPOUR, HAMID

1100 WEST AVENUE Address Address 1100 WEST AVENUE

> SUITE 402 SUITE 402

City-State-Zip: MIAMI BEACH FL 33139 City-State-Zip: MIAMI BEACH FL 33139

Title **AMBR** 

AGHAIEPOUR, ROOZBEH Name

1100 WEST AVENUE Address

SUITE 402

City-State-Zip: MIAMI BEACH FL 33139

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SIAVASH AGHAIEPOUR

**PARTNER** 

04/06/2017