

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000117958

Entity Name: SSA DISABILITY ADVOCATE OF FLORIDA, L.L.C.

Current Principal Place of Business:

2369 WHITE OAK CIRCLE
CLEARWATER, FL 33763

Current Mailing Address:

P.O. BOX 6457
CLEARWATER, FL 33758

FEI Number: 46-1087269

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAGRO LAW FIRM
3775 CENTRAL AVENUE
ST. PETERSBURG, FL 33713 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MS.
Name FAZIO, SHANNON R
Address 2369 WHITE OAK CIRCLE
City-State-Zip: CLEARWATER FL 33763

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: SHANNON FAZIO

OWNER

04/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date