#### **2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000152871

Entity Name: S&S FLP#2 "A" LLC

FILED Feb 02, 2021 Secretary of State 6230190663CC

# **Current Principal Place of Business:**

400 HIGH POINT DRIVE SUITE 500

COCOA, FL 32926

### **Current Mailing Address:**

P.O. BOX 1179

SHARPES, FL 32959-1179 US

FEI Number: 35-2463906 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

SIMPKINS, JILL K 400 HIGH POINT DRIVE SUITE 500 COCOA, FL 32926 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: JILL K. SIMPKINS 02/02/2021

Electronic Signature of Registered Agent

Date

#### Authorized Person(s) Detail:

Title MANAGING MEMBER

Name SIMPKINS FAMILY PARTNERSHIP #2,

LTD.

Address 400 HIGH POINT DRIVE

SUITE 500

City-State-Zip: COCOA FL 32926

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: JILL SIMPKINS MANAGER 02/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date