

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000148409

**Entity Name:** SOSSOLUTIONSGROUP LLC

**Current Principal Place of Business:**

1413 WOOD VIOLET DRIVE  
ORLANDO, FL 32824

**Current Mailing Address:**

1413 WOOD VIOLET DRIVE  
ORLANDO, FL 32824

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHAFIULLAH, FAISAL  
1413 WOOD VIOLET DRIVE  
ORLANDO, FL 32824 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 MGRM  
Name SHAFIULLAH, FAISAL  
Address 1413 WOOD VIOLET DRIVE  
City-State-Zip: ORLANDO FL 32824

Title MGRM  
Name SHARAD, SAXTON  
Address 46 CONVERSE LN  
City-State-Zip: MELROSE MA 02176

*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:** SAXTON SHARAD

MGRM

01/29/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date