

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000067645

Entity Name: SS SANTORINI ASSOCIATES, LLC

Current Principal Place of Business:

2385 NW EXECUTIVE CENTER DR #370
BOCA RATON, FL 33431

Current Mailing Address:

2385 NW EXECUTIVE CENTER DR #370
BOCA RATON, FL 33431 US

FEI Number: 81-2195709

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAMUEL, SOBEL R
2385 NW EXECUTIVE CENTER DRIVE
SUITE 370
BOCA RATON, FL 33431 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: SAMUEL R. SOBEL

04/25/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SOBEL, SAMUEL R
Address 2385 NW EXECUTIVE CENTER DR #370
City-State-Zip: BOCA RATON FL 33431

Title MGR
Name B-SMITH ENTERPRISES LP
Address C/O CBIZ MHM LLC
2255 GLADES ROAD SUITE 321A
City-State-Zip: BOCA RATON FL 33431

Title MEMBER
Name S&C SOBEL LLLP
Address 2385 NW EXECUTIVE CENTER DR #370
City-State-Zip: BOCA RATON FL 33431

Title MEMBER
Name JASON H. SMITH IRREVOCABLE LIVING TRUST UAD 10/23/12
Address 5246 PRINCETON WAY
City-State-Zip: BOCA RATON FL 33431

Title MEMBER
Name SEAN B. SMITH IRREVOCABLE LIVING TRUST UAD 10/23/12
Address 6 LA GROCE CIRCLE
City-State-Zip: MIAMI BEACH FL 33141

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: SAMUEL R. SOBEL

MANAGER

04/25/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date