

**2024 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

04/23/2024

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**

04/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date