

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000215253

**Entity Name:** SOUTH SQUARE CENTER LLC

**Current Principal Place of Business:**

20070 CORTEZ BLVD  
BROOKSVILLE, FL 34601

**Current Mailing Address:**

4111 W CYPRESS ST  
TAMPA, FL 33607 US

**FEI Number:** 85-2220622

**Certificate of Status Desired:** No

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

GOSS, TRENT C  
4111 W CYPRESS ST  
TAMPA, FL 33607 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 AMBR  
Name GOSS, TRENT C  
Address 4111 W CYPRESS ST  
City-State-Zip: TAMPA FL 33607

Title AMBR  
Name GOSS, JAMES C  
Address 4111 W CYPRESS ST  
City-State-Zip: TAMPA FL 33607

Title AMBR  
Name FRIDELLA, MICHAEL C  
Address 4111 W CYPRESS ST  
City-State-Zip: TAMPA FL 33607

Title AMBR  
Name MCDUFFIE, JOHN B III  
Address 4111 W CYPRESS ST  
City-State-Zip: TAMPA FL 33607

Title AUTHORIZED REPRESENTATIVE  
Name MCDUFFIE, TRENT  
Address 4111 W CYPRESS ST  
City-State-Zip: TAMPA FL 33607

*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:** TRENT GOSS

**MANAGING MEMBER**

**03/12/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date