

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000073699

**Entity Name:** SSI SERVICES, LLC

**Current Principal Place of Business:**

12555 SW 14TH ST  
DAVIE, FL 33325

**Current Mailing Address:**

12555 SW 14TH ST  
DAVIE, FL 33325 US

**FEI Number:** 86-2262174

**Certificate of Status Desired:** No

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

INDIANER, SIMONE  
12555 SW 14TH ST  
DAVIE, FL 33325 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 MGR  
Name INDIANER, SIMONE  
Address 12555 SW 14TH ST  
City-State-Zip: DAVIE FL 33325

*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:** SIMONE INDIANER

MS

02/07/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date