

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000186236

Entity Name: SSP AMERICA SFB, LLC**Current Principal Place of Business:**20408 BASHAN DRIVE
SUITE 300
ASHBURN, VA 20147**Current Mailing Address:**20408 BASHAN DRIVE
SUITE 300
ASHBURN, VA 20147 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MEMBER
Name SSP AMERICA, INC.
Address 20408 BASHAN DRIVE
SUITE 300
City-State-Zip: ASHBURN VA 20147

Title MEMBER
Name PEREZ OF FLORIDA, INC
Address 20408 BASHAN DRIVE
SUITE 300
City-State-Zip: ASHBURN VA 20147

Title MEMBER
Name P AND P HOSPITALITY, LLC
Address 20408 BASHAN DRIVE
SUITE 300
City-State-Zip: ASHBURN VA 20147

Title MEMBER
Name PIONEER CONCESSIONS, LLC
Address 20408 BASHAN DRIVE
SUITE 300
City-State-Zip: ASHBURN VA 20147

Title MEMBER
Name AVIATION STRATEGIES AND TRADE
SOLUTIONS, LLC
Address 20408 BASHAN DRIVE
SUITE 300
City-State-Zip: ASHBURN VA 20147

Title MEMBER
Name D&J HOLDINGS NORTH AMERICA,
LLC
Address 20408 BASHAN DRIVE
SUITE 300
City-State-Zip: ASHBURN VA 20147

Title CFO
Name MBOYA, GEORGE
Address 20408 BASHAN DRIVE
SUITE 300
City-State-Zip: ASHBURN VA 20147

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: GEORGE MBOYA**CFO****04/22/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date