

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000004234

**FILED**  
**Apr 16, 2016**  
**Secretary of State**  
**CC1822688033**

**Entity Name:** SSTI 6195 SOUTH KANNER HWY, LLC

**Current Principal Place of Business:**

2795 EAST COTTONWOOD PARKWAY, # 400  
SALT LAKE CITY, UT 84121

**Current Mailing Address:**

2795 EAST COTTONWOOD PARKWAY, # 400  
SALT LAKE CITY, UT 84121 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CT 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           MANAGER  
Name           RASMUSSEN, DAVID L  
Address        2795 EAST COTTONWOOD  
                  PARKWAY, # 400  
City-State-Zip: SALT LAKE CITY UT 84121

Title           MANAGER  
Name           CNEAL, GWYN G  
Address        2795 EAST COTTONWOOD  
                  PARKWAY, # 400  
City-State-Zip: SALT LAKE CITY UT 84121

Title           MANAGER  
Name           STUBBS, SCOTT  
Address        2795 EAST COTTONWOOD  
                  PARKWAY, # 400  
City-State-Zip: SALT LAKE CITY UT 84121

*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:** DAVID L. RASMUSSEN

**MANAGER**

**04/16/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date