

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000009448

1. Entity Name  
SOUTHERN STRATEGY GROUP ASSETS, L.L.C.



Principal Place of Business  
120 S. MONROE ST.  
TALLAHASSEE, FL 32301

Mailing Address  
120 S. MONROE ST.  
TALLAHASSEE, FL 32301



01052005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3662529

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RANCOURT, DAVID A  
120 S. MONROE ST.  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME BRADSHAW, PAUL R  
STREET ADDRESS P.O. BOX 10570  
CITY-ST-ZIP TALLAHASSEE, FL 32302

TITLE MGR  
NAME RANCOURT, DAVID A  
STREET ADDRESS P.O. BOX 10570  
CITY-ST-ZIP TALLAHASSEE, FL 32302

TITLE MGR  
NAME THRASHER, JOHN E  
STREET ADDRESS P.O. BOX 10570  
CITY-ST-ZIP TALLAHASSEE, FL 32302

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #