

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000009448

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



FILED

07 MAR 23 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 10570

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007

Chg-LLC

CR2E083 (12/06)



City & State

City & State

Tallahassee FL

4. FEI Number

59-3662529

Applied For

Not Applicable

Zip

Country

Zip

32302

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME 300095247593
STREET ADDRESS 03/29/07--01052--007 **\$50.00
CITY-STATE-ZIP

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

TITLE ☒ Change ☐ Addition
NAME MGR
STREET ADDRESS Brooks Holdings, LLC
CITY-STATE-ZIP 2000 Dogwood Hill
Tallahassee, FL 32308

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☒ Addition
NAME MEIK
STREET ADDRESS Christopher F. Dudley
CITY-STATE-ZIP P.O. BOX 10570
Tallahassee, FL 32302

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE:

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

3.21.07

Date

850.671.4401

Daytime Phone #