

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # L02000000398

1. Entity Name
1200 SOUTH MAIN STREET, LLC



Principal Place of Business
1200 S MAIN ST
SUITE 100
BELLE GLADE, FL 33430

Mailing Address
225 SW 1ST STREET
BELLE GLADE, FL 33430



02222007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
90-0001459

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARTHOUSH, SAMAR
225 SW 1ST STREET
BELLE GLADE, FL 33430

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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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HARLAND, DR. MARTIN T
STREET ADDRESS	1200 S MAIN ST SUITE 100
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #