

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED

Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000020881

1. Entity Name

1159 SOUTH MAIN STREET, LLC



Principal Place of Business

5220 NW 5TH STREET
BELL, FL 32619

Mailing Address

P.O. BOX 267
BELL, FL 32619



03052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-4224429

Applied For

Not Applicable

5. Certificate of Status Desired: ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AKINS, SCOTT A
5220 NW 5TH STREET
BELL, FL 32619

**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 reinstating)

DATE

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

U000000671781
03/28/07-80042-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	AKINS, SCOTT A
STREET ADDRESS	5220 NW 5TH ST
CITY-ST-ZIP	BELL, FL 32619
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 #

3-13-07