

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000031091

**Entity Name:** THE VILLAGE AT SOUTHERN OAKS PARTNERS, LLC

**Current Principal Place of Business:**

209 TOWN CENTER BOULEVARD  
DAVENPORT, FL 33896

**Current Mailing Address:**

209 TOWN CENTER BOULEVARD  
DAVENPORT, FL 33896

**FEI Number: 20-0034724**

**Certificate of Status Desired: Yes**

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

MARLING, HEIDI J  
209 TOWN CENTER BOULEVARD  
DAVENPORT, FL 33896 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	MGR	Title	MGR
Name	VILLAGE PARTNERS, G.P	Name	SOUTHERN OAKS, LLC
Address	209 TOWN CENTER BLVD.	Address	6866 CEDAR LAKE DRIVE
City-State-Zip:	DAVENPORT FL 33896	City-State-Zip:	PENSACOLA FL 32526

*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: HEIDI J MARLING**

**MANAGER**

**03/25/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date