

**FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**

DOCUMENT# L11000140607

**Entity Name:** SOUTHERN SALES PARTNERS, LLC

**Secretary of State  
CC1653006161**

**Current Principal Place of Business:**

2525 COLONY TERRACE  
SARASOTA, FL 34239

**Current Mailing Address:**

2525 COLONY TERRACE  
SARASOTA, FL 34239

**FEI Number: 36-4718401**

**Certificate of Status Desired: No**

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

NICKELSON, TED A  
2525 COLONY TERRACE  
SARASOTA, FL 34239 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 MGRM  
Name NICKELSON, TED A  
Address 2525 COLONY TERRACE  
City-State-Zip: SARASOTA FL 34239

Title MGRM  
Name HURT, KAYE S  
Address 1034 SPIRIT LAKE RD  
City-State-Zip: WINTER HAVEN FL 33880

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

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

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date