

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000108325

**Entity Name:** SOUTHERN IMAGERY, LLC

**Current Principal Place of Business:**

460 SUNRISE DRIVE  
FORT PIERCE, FL 34945

**Current Mailing Address:**

460 SUNRISE DRIVE  
FORT PIERCE, FL 34945

**FEI Number: 83-4525775**

**Certificate of Status Desired:** No

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

CIOFFI, JAMES ESQ.  
250 TEQUESTA DRIVE  
SUITE 200  
TEQUESTA, FL 33469 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           | AMBR                 |
| Name            | WATERS, JOSEPH       | Name            | WATERS, ANNE D       |
| Address         | 460 SUNRISE DRIVE    | Address         | 460 SUNRISE DRIVE    |
| City-State-Zip: | FORT PIERCE FL 34945 | City-State-Zip: | FORT PIERCE FL 34945 |

*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: JOSEPH WATERS**

**MGR**

**04/24/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date