

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L00000008123

1. Entity Name
SOUTHLAND CENTERS, LLC



Principal Place of Business
**2101 CENTREPARK WEST DRIVE
SUITE 100
WEST PALM BEACH, FL 33409**

Mailing Address
**2101 CENTREPARK WEST DRIVE
SUITE 100
WEST PALM BEACH, FL 33409**



02272007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1025156	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DE MENDOZA, III, MARIO G PA
12765 FOREST HILL BLVD., STE 1302
WELLINGTON, FL 33414**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BENTZ, ROBERT A
STREET ADDRESS	2101 CENTREPARK WEST DR., #100
CITY-ST-ZIP	WEST PALM BEACH, FL 33409

TITLE	MGR
NAME	LELONEK, JOSEPH D
STREET ADDRESS	2101 CENTREPARK W DR 100
CITY-ST-ZIP	WEST PALM BEACH, FL 33409

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000723831
05/02/07-80089-007 \$5.00

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 #

Joseph D. Lelonek, mgr. 3-2-07 561-478-8501