2004 LIMITED LIABILITY COMPANY · · ANNUAL REPORT

DOCUMENT # L01000002070

1. Entity Name SOUTHERN DELIVERY SERVICES, LLC



FILED Jan 16, 2004 08:00 AM Secretary of State

Principal Place of Business

5210 17TH STREET N ST. PETERSBURG, FL 33714 Mailing Address

5210 17TH STREET N ST. PETERSBURG, FL 33714



DO NOT WRITE IN THIS SPACE

01062004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3704251

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

ARTHUR, WILLIAM 5210 17TH STREET N. ST. PETERSBURG, FL 33714

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.			
SIGNATURESignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when refreststing) DATE			
Filing Fee is \$50.00 Due by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARTHUR, WILLIAM 5210 17TH STREET N SAINT PETERSBURG, FL 33714		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAINT PETERSBORG, PE 33/14	01/1	J00000006443 16/04-80036-004 50.00
TITLE NAME STREET ADORESS CITY-ST-ZIP		DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 path; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-13-04

Davime Phone #