

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000002298

1. Entity Name
SOUTHERN ATLANTIC LAND HOLDINGS, LLC



Principal Place of Business

**1861 PLACIDA RD
SUITE 204
ENGLEWOOD, FL 34223**

Mailing Address

**1861 PLACIDA RD
SUITE 204
ENGLEWOOD, FL 34223**



01072004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1075760

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JTTERSAGEN, SCOTT D ESQ
1861 PLACIDA RD
SUITE 204
ENGLEWOOD, FL 34223**

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GUNDERSON, MIKO P
1861 PLACIDA ROAD #204
ENGLEWOOD, FL 34223**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DUFF, JAMES T
8252 WILTSHIRE BLVD
PORT CHARLOTTE, FL 33981**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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01/13/04-80037-015 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #