

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 A
Secretary of State

DOCUMENT # L01000002298 1. Entity Name SOUTHERN ATLANTIC LAND HOLDINGS, LLC	
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Principal Place of Business 1861 PLACIDA RD SUITE 204 ENGLEWOOD, FL 34223	Mailing Address 1861 PLACIDA RD SUITE 204 ENGLEWOOD, FL 34223
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DO NOT WRITE IN THIS SPACE



01062008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1075760	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ITTERSAGEN, 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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000776268
01/09/08-80017-010 138.75

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	
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**DO NOT WRITE
IN THIS SPACE**

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: Miko P. Gunderson Member-Manager 1/6/08 (941) 627-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Miko P. Gunderson