

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L01000017666**

1. Entity Name

**SOUTH SIDE JET SKI L.L.C.**



Principal Place of Business

Mailing Address

**3537 HALIFAX DR.  
PORT ORANGE FL 32127**

**3537 HALIFAX DR.  
PORT ORANGE FL 32127**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

**59-3751121**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEDDLE, WILLIAM S  
3537 HALIFAX DR.  
PORT ORANGE FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE<br>NAME  | MGR<br>WEDDLE, WILLIAM S | <input type="checkbox"/> Delete |
| STREET ADDRESS | 414 PLUMOSA AVE          |                                 |
| CITY- ST- ZIP  | PORT ORANGE FL 32127     |                                 |
| TITLE<br>NAME  | MGR<br>RIZZO, BRIAN      | <input type="checkbox"/> Delete |
| STREET ADDRESS | 3536 HALIFAX DR.         |                                 |
| CITY- ST- ZIP  | DAYTONA FL 32129         |                                 |
| TITLE<br>NAME  |                          | <input type="checkbox"/> Delete |
| STREET ADDRESS |                          |                                 |
| CITY- ST- ZIP  |                          |                                 |
| TITLE<br>NAME  |                          | <input type="checkbox"/> Delete |
| STREET ADDRESS |                          |                                 |
| CITY- ST- ZIP  |                          |                                 |
| TITLE<br>NAME  |                          | <input type="checkbox"/> Delete |
| STREET ADDRESS |                          |                                 |
| CITY- ST- ZIP  |                          |                                 |

|                |                          |   |
|----------------|--------------------------|---|
| TITLE<br>NAME  |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | U000000699201            |   |
| CITY- ST- ZIP  | 04/19/07-80033-007 50.00 |   |
| TITLE<br>NAME  |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |                          |   |
| CITY- ST- ZIP  |                          |   |
| TITLE<br>NAME  |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |                          |   |
| CITY- ST- ZIP  |                          |   |
| TITLE<br>NAME  |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |                          |   |
| CITY- ST- ZIP  |                          |   |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/9/07