

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

4/21

04-28-2003 90076 025 ****50.00

DOCUMENT # L02000012427

1. Entity Name

SOUTHERN HOME LIGHTING, LLC



Principal Place of Business

Mailing Address

4095 STATE ROAS 7, STE. 01 - *corrected*
LAKE WORTH FL 33467

4095 STATE ROAS 7, STE. 01
LAKE WORTH FL 33467

44001889

2. Principal Place of Business

4095 S.R. 7

3. Mailing Address

Suite, Apt. #, etc.
Suite P

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Zip

33467

Country

U.S.

Zip

Country

4. FEI Number

02-0602481

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GERSON, GARY N
1845 PALM BEACH LAKES BLVD., STE. 1200
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	Member	<input type="checkbox"/> Delete
NAME	<i>Renee Savarese</i>	<i>- owner</i>
STREET ADDRESS	<i>2404 Landings Blvd.</i>	<i>Managing Member</i>
CITY-ST-ZIP	<i>W. Palm Beach, FL 33467</i>	
TITLE	Member	<input type="checkbox"/> Delete
NAME	<i>William Savarese</i>	<i>- owner</i>
STREET ADDRESS	<i>2404 Landings Blvd.</i>	<i>Managing Member</i>
CITY-ST-ZIP	<i>W. Palm Beach, FL 33467</i>	<i>member</i>
TITLE	Member	<input checked="" type="checkbox"/> Delete
NAME	<i>Georgina Popham</i>	
STREET ADDRESS	<i>1845 Palm Beach Lakes Blvd. #1200</i>	
CITY-ST-ZIP	<i>W. Palm Beach, FL 33401</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Renee Savarese
REQUIRED

4/21/03 *561-432-8567*

Date

Daytime Phone #

CR2E083 (10/02)