

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

03-25-2003 90052 029 ****50.00

DOCUMENT # L02000017859

1. Entity Name

SOUTHAIRE, LLC



Principal Place of Business

**12790 S DIXIE HIGHWAY
MIAMI FL 33156**

Mailing Address

**12790 S DIXIE HIGHWAY
MIAMI FL 33156**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

51-0430190

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PALMER, PAUL
12790 S DIXIE HIGHWAY
MIAMI FL 33156**

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

10. ADDITIONS/CHANGES

TITLE	Special Manager	<input type="checkbox"/> Delete
NAME	Paul Palmer	
STREET ADDRESS	12790 So. Dixie Highway	
CITY-ST-ZIP	Miami, FL 33156	
TITLE	Nelson J. Hendrikse - Member	<input type="checkbox"/> Delete
NAME	13200 SW 128 Street, #E-1	
STREET ADDRESS	Miami, FL 33186	
CITY-ST-ZIP		
TITLE	Member	<input type="checkbox"/> Delete
NAME	Michael Hendrikse	
STREET ADDRESS	13200 SW 128 Street, #E-1	
CITY-ST-ZIP	Miami, FL 33156	
TITLE	Nelson J. Hendrikse P.A. Pension Plan	<input type="checkbox"/> Delete
NAME	13200 SW 128 Street, #E-1	
STREET ADDRESS	Miami, FL 33186	
CITY-ST-ZIP		
TITLE	Member	<input type="checkbox"/> Delete
NAME	Palmer Ventures Inc.	
STREET ADDRESS	12790 So. Dixie Highway	
CITY-ST-ZIP	Miami, FL 33186	
TITLE		<input type="checkbox"/> Delete
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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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 608, Florida Statutes.

SIGNATURE

SIGNATURE REQUIRED

3-11-03

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

Date

Daytime Phone #

CR2083 (10/02)