

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000025037

1. Entity Name

THE SOUTHERN BELLE, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 21 AM 8:56

Principal Place of Business

245 NORTH U.S. HIGHWAY 27
SOUTH BAY FL 33493
US

Mailing Address

245 NORTH U.S. HIGHWAY 27
SOUTHBAY FL 33493
US



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2385004

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORTEGA, ALEX R
245 NORTH US HIGHWAY 27
SOUTH BAY FL 33493

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 September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME ORTEGA, JUAN A SR.
STREET ADDRESS 14418 PADDOCK DRIVE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE MGRM ☐ Delete
NAME ORTEGA, MARIA R
STREET ADDRESS 14418 PADDOCK DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33414

TITLE MGRM ☐ Delete
NAME ORTEGA, JUAN A JR.
STREET ADDRESS 14418 PADDOCK DRIVE
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE MGRM ☐ Delete
NAME ORTEGA, ALEX R
STREET ADDRESS 14301 ANGELICA COURT
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT 2005

600059825116
09/21/05--01038--013 **50.00

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]

8/23/05