

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90760 041 ****55.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000031555

1. Entity Name

SOUTHWINGS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

825 SPARTANBURG HIGHWAY, #12

Suite, Apt. #, etc

3. Mailing Address

PO BOX 340155

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HENDERSONVILLE, NC

Zip

28739

Country

City & State

TAMPA, FL

Zip

33694-0155

Country

4. FEI Number

42-1560161

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RICHARD D FERGUSON

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

4653 GENOA DRIVE

City

AMELIA ISLAND

FL

Zip Code

32034

**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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MEMBER/PRESIDENT

RICHARD FERGUSON

4653 GENOA DRIVE

AMELIA ISLAND, FL 32034

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MEMBER/VICE PRESIDENT

WILLIAM HILSON

6745 SOUTH TROPICAL TRAIL

MERRITT ISLAND, FL 32952

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MEMBER/SECRETARY/TREASURER

NANCY HOUHA

6745 SOUTH TROPICAL TRAIL

MERRITT ISLAND, FL 32952

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MEMBER/GENERAL MANAGER

BRIAN FREES

303 BUNCOMBE STREET

HENDERSONVILLE, NC 28739

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

Date

Daytime Phone #

4/26/2003 904-321-8005

CR2E083B (2/02)