

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90066 022 ****50.00

DOCUMENT # L02000032087

1. Entity Name



SOUTHERN CAPITAL HOLDINGS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2241 2ND AVENUE SOUTH

3. Mailing Address

2241 2ND AVENUE SOUTH

Suite, Apt. #, etc.

ST. PETERSBURG, FLORIDA

Suite, Apt. #, etc.

ST. PETERSBURG, FLORIDA

City & State

33712 USA

City & State

33712 USA

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JOEL ATKINSON**

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

2241 2ND AVENUE SOUTH

ST. PETERSBURG, FL 33712

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

MANAGING MEMBER

2/12/03
DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGING MEMBER
JOEL ATKINSON
2241 2ND AVENUE SOUTH
ST. PETERSBURG, FL 33712**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGING MEMBER
KEVIN BURKE
2241 2ND AVENUE SOUTH
ST. PETERSBURG, FL 33712**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGING MEMBER
TOM BURKE
2241 2ND AVENUE SOUTH
ST. PETERSBURG, FL 33712**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

JOEL ATKINSON

2/12/03 (727) 328-7976
Date Daytime Phone #

CR2E083B (12/02)