

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2004 8:00 am
Secretary of State

02-03-2004 90049 016 ****50.00

DOCUMENT # L02000033693

1. Entity Name
POINT SOUTH, LLC



Principal Place of Business
**632 FOXWORTH LANE
HOLMES BEACH, FL 34217**

Mailing Address
**632 FOXWORTH LANE
HOLMES BEACH, FL 34217**

24006284



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

Applied For

APPLIED FOR 510471654

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMLIN, CURTIS D
PORGES, HAMLIN, KNOWLES & PROUTY, P.A.
1205 MANATEE AVENUE WEST
BRADENTON, FL 34205**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHOVAN, RONALD
2233 THEODORE STREET
CREST HILL, IL 60435** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STROJIN, I.L.
614 MADISON STREET
JOLIET, IL 60435** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
STROJIN, I.L.
614 MADISON STREET
JOLIET, IL 60435** ☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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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: Ronald Chovan **RONALD CHOVAN** 1-29-04 815-474-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #