

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

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90047 037 \*\*\*\*50.00

**DOCUMENT #** 102000034609

**1. Entity Name**

Southland Group LLC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

300 N. Ronald Reagan Blvd.

Suite, Apt. #, etc.

Suite 311

**City & State**

Longwood, Florida

**Zip**

32750

**Country**

USA

**3. Mailing Address**

Same

Suite, Apt. #, etc.

**City & State**

**4. FEI Number**

30-0137234

**Applied For**

Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**

Norman L. Huey

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

300 N. Ronald Reagan Blvd., Suite 311

**City**

Longwood

**FL**

**Zip Code**

32750

**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**

*Norman L. Huey*  
Signature, typed or printed name of registered agent, and title if applicable.

2-17-03

**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

Norman L. Huey, Managing Member  
300 N. Ronald Reagan Blvd., Suite 311  
Longwood, Florida 32750

**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 606, Florida Statutes.**

**SIGNATURE:**

*Norman L. Huey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-17-03

**Date**

407 788-0029

**Daytime Phone #**

CR2E083B (12/02)