

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90085 008 ****50.00

DOCUMENT # L02000034615

1. Entity Name
SOUTHLAND SUITES OF ORMOND BEACH LLC



Principal Place of Business
**550 WILMETTE AVENUE
ORMOND BEACH, FL 32174**

Mailing Address
**300 N. RONALD REAGAN BLVD.
311
LONGWOOD, FL 32750**

64001433



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number
32-0048765

Applied For
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

**COSTAR, CHARLES B III
315 EAST ROBINSON STREET STE 600
ORLANDO, FL 32801**

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 **MGRM** ☒ Delete
NAME ~~XXXXXXXXXXXX~~
STREET ADDRESS ~~300 N. RONALD REAGAN BLVD. SUITE 311~~
CITY-ST-ZIP ~~LONGWOOD FL 32750~~

TITLE **MGR** ☐ Change ☒ Addition
NAME **PLUSH, ALAN C**
STREET ADDRESS **1605 MAIN STREET, SUITE 610**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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:

ALAN C. PLUSH

4/26/04

941.363.7301

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

Date

Daytime Phone #