

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90240 004 ****50.00

DOCUMENT # L03000005184

1. Entity Name

SOUTHERN HERITAGE, LLC



Principal Place of Business

174 AVENUE C
APALACHICOLA FL 32320

Mailing Address

174 AVENUE C
APALACHICOLA FL 32320



2. Principal Place of Business

204 Twin Lakes Rd.
Suite, Apt. #, etc.
East Point

3. Mailing Address

204 Twin Lakes Rd.
Suite, Apt. #, etc.
East Point

1st MOORE

CR2E083 (10/04)

City & State

Florida

City & State

East Point Florida

Zip

32328

Country

Franklin

Zip

Franklin

Country

Franklin

4. FEI Number

86-1051529

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AUTREY, LOUISE W
174 AVENUE C
APALACHICOLA FL 32320

7. Name and Address of New Registered Agent

Name Louise W. Autrey

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

204 Twin Lakes Road

City East Point

FL

Zip Code

32328

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

Louise W. Autrey Louise W. Autrey

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME AUTREY, LOUISE W
STREET ADDRESS 174 AVENUE C
CITY-ST-ZIP APALACHICOLA FL 32320

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☒ Addition
NAME Marcus Raffield
STREET ADDRESS 204 Twin Lakes Rd.
CITY-ST-ZIP East Point, FL 32328

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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: Louise W. Autrey Louise W. Autrey 3-2-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #