

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 18, 2008 08:00 AM
Secretary of State**

DOCUMENT # L03000020558

1. Entity Name
SOUTHERN CAY, LLC



Principal Place of Business
**301 VETERANS BLVD
DENHAM SPRINGS, LA 70726**

Mailing Address
**301 VETERANS BLVD
DENHAM SPRINGS, LA 70726**



01112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0348422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	QUIRK, GENE JR
STREET ADDRESS	301 VETERANS BLVD
CITY-ST-ZIP	DENHAM SPRINGS, LA 70726
TITLE	MGR
NAME	QUIRK, CYNTHIA
STREET ADDRESS	301 VETERANS BLVD
CITY-ST-ZIP	DENHAM SPRINGS, LA 70726
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000789225
01/22/08-80017-018 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #