

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000038382

1. Entity Name
SOUTHERN HOSPITALITY ANTIQUES & GIFTS, LLC



Principal Place of Business

**312 MAIN ST
SAFETY HARBOR, FL 34695**

Mailing Address

**312 MAIN ST
SAFETY HARBOR, FL 34695**



07082006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHURCHILL, WINSTON T II
6500 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33710**

**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

ROBERT S. ANDERSON MGRM.

(NOTE: Registered Agent signature required when reappointing)

7/6/06

DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ANDERSON, ROBERT S
STREET ADDRESS	70 IRWIN STREET WEST
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	MGRM
NAME	SEENEY, VALERIE M
STREET ADDRESS	618 QUAIL KEEP DRIVE
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000569504
07/11/06-80030-007 50.00

**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: ROBERT S. ANDERSON MGRM.

Date

7/6/06 (727) 797-4848

Daytime Phone #

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