

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90198 009 ***150.00

DOCUMENT # L03000043283

1. Entity Name
SOUTH LAKE CONNECTOR, LLC



Principal Place of Business
**16405 WEST COLONIAL DRIVE
OAKLAND, FL 32787**

Mailing Address
**P.O. BOX 120355
CLERMONT, FL 34712**

20013169



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
20-0584201

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

**LANGLEY, RICHARD H
700 ALMOND STREET
CLERMONT, FL 34711**

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

16405 W. Colonial Dr.
City **Oakland** FL Zip Code **34787**

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LANGLEY, RANDALL B
16405 WEST COLONIAL DRIVE
OAKLAND, FL 34787** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LANGLEY, MICHAEL
16405 WEST COLONIAL DRIVE
OAKLAND, FL 34787** ☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/2/06 407-654-8675

Date Daytime Phone #