

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90086 050 \*\*\*\*50.00

**DOCUMENT # L03000044183**

1. Entity Name  
**SOUTHERN OPERATIONS ENTERPRISE LLC**



Principal Place of Business  
**1700 N. MCMULLEN BOOTH ROAD  
SUITE C1  
CLEARWATER, FL 33759-2129**

Mailing Address  
**1700 N. MCMULLEN BOOTH ROAD  
SUITE C1  
CLEARWATER, FL 33759-2129**

**34006471**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082004 Chg-LLC CR2E083 (10/03)

4. FEI Number

**334078788**

Applied For

Not Applicable

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

**PUZZITIELLO, ROSS A.  
1700 N. MCMULLEN BOOTH ROAD  
SUITE C1  
CLEARWATER, FL 33759-2129**

Name  
**Puzzitiello, Ross A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**4153 Arlington Rd.**

City **Palm Harbor**

**FL**

Zip Code  
**34685**

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 reappointing)

DATE

**4-28-04**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
PUZZITIELLO, RICHARD A SR  
43-46 NORRE GADE  
ST. THOMAS, US VIRGIN ISLANDS, 00802** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Pres / Mgr  
Puzzitiello, Ross A.  
1700 N. McMullen Booth Rd #C-1  
Clearwater, FL 33759** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPres / Mgr  
Puzzitiello, Richard A. Jr.  
13370 Prospect Rd.  
Strongsville, OH 44149** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treas / Mgr  
Puzzitiello, Roger A.  
13370 Prospect Rd.  
Strongsville, OH 44149** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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CITY-ST-ZIP  
☐ Delete

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

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:**

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

Date

Daytime Phone #

**4-28-04**