

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

04-26-2007 90027 023 ****50.00

DOCUMENT # L03000052000			
1. Entity Name SRG HOLDING GROUP, LLC			
Principal Place of Business 1817 N. LAURA STREET JACKSONVILLE, FL 32206 US		Mailing Address 1817 N. LAURA JACKSONVILLE, FL 32206 US	
2. Principal Place of Business - No P.O. Box # 126 EAST 7TH ST Suite, Apt. #, etc.		3. Mailing Address 126 EAST 7TH ST Suite, Apt. #, etc.	
City & State JACKSONVILLE FL Zip 32206 Country USA		City & State JACKSONVILLE FL Zip 32206 Country USA	
4. FEI Number 20-0465228		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		02242007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent SWEET, BARBARA G 1562 ALFORD PLACE SUITE 1 JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>N/A</u> (NOTE: Registered Agent must sign and file if applicable. DATE _____)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BISSETTE, MACK D 1817 N. LAURA STREET JACKSONVILLE, FL 32206	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 126 EAST 7TH STREET JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEES, MICHAEL L 1817 N. LAURA STREET JACKSONVILLE, FL 32206	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 101 GALLARDIA LOOP ST AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOHNSON, WAYNE E II 1817 N. LAURA STREET JACKSONVILLE, FL 32206	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 145 W 3RD STREET JACKSONVILLE FL 32206
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 NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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: <u>Mack D Bissette</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			