

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000020004

1. Entity Name  
FLORIDA SOUTHWEST REALTY GROUP, LLC



FILED

07 SEP 18 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7605 ALSTON CT  
UNIVERSITY PARK, FL 34201

Mailing Address  
7605 ALSTON CT  
UNIVERSITY PARK, FL 34201

2. Principal Place of Business - No P.O. Box #  
7423 LAKE FOREST GLN. 7423 LAKE FOREST GLN.



Suite, Apt. #, etc.

04052007 Chg-LLC CR2E083 (12/06)

City & State  
BRADENTON, FL

City & State  
BRADENTON, FL

4. FEI Number  
NOT APPLICABLE

Applied For  
☒ Not Applicable

Zip  
34202

Country  
US

Zip  
34202

Country  
US

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

KING, CLIFFORD M  
2033 MAIN ST, STE 303  
SARASOTA, FL 34237

Name  
RALPH TURNER  
Street Address (P.O. Box Number is Not Acceptable)  
7423 LAKE FOREST GLN.

City  
BRADENTON FL Zip Code  
34202

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 *Ralph Turner*  
Signature, typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent Signature required when reconstituting)

8/18/07  
DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FLORIDA SOUTHWEST REALTY GROUP, LLC  
7605 ALSTON CT.  
UNIVERSITY PARK, FL 34201

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
900109591058  
09/18/07--01080--015 \*\*\$5.00

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

TITLE  
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TITLE  
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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

*Ralph Turner* MGRM *Ralph F. Turner*