

DOCUMENT # L04000036227 1. Entity Name MADISON SOUTH, LLC	
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08 FEB 21 AM 8:34

WILSON, B. S. & CHOA

4. FEI Number 13-4281200	Applied For
	Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required if using forwarding) DATE _____

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROSEN, RICHARD&CAMILE ASTBYE 4141 NE 2ND AVE STE105D MIAMI FL 33137 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 02/28/08--01007--024 143.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SLANINKA, PAUL & DEBORAH ASTBYE 4141 NE 2ND AVE STE 105D MIAMI FL 33137 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 02/28/08--01007--024 **143.00
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

SIGNATURE: Richard Rosen Richard Rosen 2-7-08 305 573 3184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #