

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90108 039 ****50.00

DOCUMENT # L04000059033

1. Entity Name
SOUTHERN SPECIALIZED LLC



Principal Place of Business
**1812 NW MAIN BLVD
LAKE CITY, FL 32055 US**

Mailing Address
**PO BOX 1925
LAKE CITY, FL 32056 US**



01022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
~~20-1074287~~ **20-1471237** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BUCHNER, RONALD T
1812 NW MAIN BLVD
LAKE CITY, FL 32056**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BUCHNER, RONALD T
STREET ADDRESS	1812 MW MAIN BLVD, PO BOX 1925
CITY-ST-ZIP	LAKE CITY, FL 32056
TITLE	MGRM
NAME	BUCHNER, BRIAN D
STREET ADDRESS	5099 NORTHWEST LASSIE BLACK STREET
CITY-ST-ZIP	WHITE SPRINGS, FL 32096
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4-6-07

Date

386-752-9754

Daytime Phone #