

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064762

Entity Name: SF CAMACHO SOD, LLC

FILED  
Jan 08, 2008  
Secretary of State

**Current Principal Place of Business:**

1611 12TH STREET EAST  
UNIT B  
PALMETTO, FL 34221

**New Principal Place of Business:**

**Current Mailing Address:**

1611 12TH STREET EAST  
UNIT B  
PALMETTO, FL 34221

**New Mailing Address:**

FEI Number: 05-0611548

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHIRK, PETER J  
17 TIDY ISLAND BLVD  
BRADENTON, FL 34210 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHIRK, PETER J  
Address: 17 TIDY ISLAND BLVD  
City-St-Zip: BRADENTON, FL 34210

Title: MGR ( ) Delete  
Name: JACKSON, MARK A  
Address: 8908 12TH AVENUE NW  
City-St-Zip: BRADENTON, FL 34209

Title: MGR ( ) Delete  
Name: CAMACHO, SANTO  
Address: 5800 WAUCHULA RD  
City-St-Zip: MYAKKA CITY, FL 34251

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PETER J. SHIRK

MGRM

01/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date