

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jul 31, 2007 08:00 AM
Secretary of State**

DOCUMENT # L04000073528

1. Entity Name
GOLDEN SOUTH, LLC



Principal Place of Business
**2152 14TH CIRCLE NORTH
ST PETERSBURG, FL 33713**

Mailing Address
**2152 14TH CIRCLE NORTH
ST PETERSBURG, FL 33713**



07162007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1234250

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HINES, J. BRADFORD
100 FIRST AVENUE SOUTH, SUITE 500
ST PETERSBURG, FL 33701**

**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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AQUIRRE, FREDERICO C 5115 OLD ELLIS POINTE ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SERTICH, LARRY 5115 OLD ELLIS POINTE ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHERER, CLARK H III 2152 14TH CIRCLE N SAINT PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/31/07-80002-010 50.00

**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 609, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/30/07 727321811