

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000015866

**FILED**  
**May 07, 2009**  
**Secretary of State**

**Entity Name:** SOUTHERN ALLIANCE MANAGEMENT, LLC

**Current Principal Place of Business:**

71 ALMOND PASS DRIVE  
OCALA, FL 34472

**New Principal Place of Business:**

6 ALMOND COURSE  
OCALA, FL 34472

**Current Mailing Address:**

71 ALMOND PASS DRIVE  
OCALA, FL 34472

**New Mailing Address:**

6 ALMOND COURSE  
OCALA, FL 34472

**FEI Number:** 20-2372030      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

IVERSON, LISA A  
71 ALMOND PASS DRIVE  
OCALA, FL 34472      US

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

IVERSON, LISA A  
6 ALMOND COURSE  
OCALA, FL 34472      US

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:** LISA A IVERSON

05/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** IVERSON, LISA A  
**Address:** 7 ALMOND PASS DRIVE  
**City-St-Zip:** OCALA, FL 34472

**ADDITIONS/CHANGES:**

**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:** LISA A IVERSON

P,VP

05/07/2009

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