

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 03, 2006 8:00 am
Secretary of State

07-17-2006 90043 050 ****50.00

DOCUMENT # L05000036085 1. Entity Name SOUTH FLORIDA INVESTMENTS, LLC					
Principal Place of Business 500 OCEAN DRIVE, E4D JUNO BEACH, FL 33408			Mailing Address 3060 SWANSEA CRESCENT WEST ALLISON PARK, PA 15101		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEMMON, DENNIS 500 OCEAN DRIVE, E4D JUNO BEACH, FL 33408			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEMMON, DENNIS 500 OCEAN DRIVE, E4D JUNO BEACH, FL 33408	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:			7/11/06		412-848-0553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #

30012432



07112006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2626737 ☐ Applied For
20-2626737 ☐ Not Applicable

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