

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000040642

1. Entity Name

SOUTHRIDGE LLC



FILED

06 MAY 26 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE

CR2E083 (10/05)

50

Principal Place of Business

400 N. NEW YORK AVENUE, SUITE 108
WINTER PARK FL 32789

Mailing Address

P.O. BOX 508
WINTER PARK FL 32790

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

76-0795079

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEYBOLD, LOUIS R
400 N. NEW YORK AVENUE, SUITE 108
WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MR
LOUIS R. SEYBOLD
400 N. NEW YORK AVE., SUITE 108
WINTER PARK, FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900074025729
05/05/06--01008--002 **811.25 ☐ Change ☐ Addition

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

LOUIS SEYBOLD

April 6, 2006

Date

Daytime Phone #