

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 11, 2008 8:00 am
Secretary of State

09-11-2008 90025 015 ***538.75

DOCUMENT # L05000045049

1. Entity Name
SOUTHERN LAND IMPROVEMENTS, LLC



Principal Place of Business
**299 BIG RYE ROAD
MONTICELLO, FL 32344**

Mailing Address
**1455 W. WASHINGTON STREET
MONTICELLO, FL 32344**

30010336

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

299 BIG RYE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MONTICELLO FL

Zip

Country

Zip
32344

Country
JEFFERSON

09092008

Chg-LLC

CR2E083 (12/06)

4. FEI Number
20-2997625

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PURVIS, MIKE DR.
1455 W. WASHINGTON STREET
MONTICELLO, FL 32344**

7. Name and Address of New Registered Agent

Name
THOMAS WALLACE
Street Address (P.O. Box Number is Not Acceptable)
299 BIG RYE ROAD
City
MONTICELLO FL Zip Code
32344

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)

9-8-08
DATE

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PURVIS, ROBERT M
1455 WEST WASHINGTON STREET
MONTICELLO, FL 32345** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WALLACE, THOMAS
1455 WEST WASHINGTON STREET
MONTICELLO, FL 32345** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WALLACE, THOMAS
299 BIG RYE ROAD
MONTICELLO, FL 32344** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ 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:

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

9-8-08
Date

Daytime Phone #