

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058088

FILED
May 01, 2008
Secretary of State

Entity Name: LIQUID ASSETS OF SOUTHGATE, LLC

Current Principal Place of Business:

PMB 429, UNIT 104
4044 WEST LAKE MARY BLVD
LAKE MARY, FL 327462012

New Principal Place of Business:

Current Mailing Address:

PMB 429, UNIT 104
4044 WEST LAKE MARY BLVD
LAKE MARY, FL 327462012

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

Name and Address of New Registered Agent:

KELLEY, CHRISTOPHER E
4044 WEST LAKE MARY BLVD
SUITE 104 PMB 429
LAKE MARY, FL 32746 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: KELLEY, CHRISTOPHER E
Address: 4044 WEST LAKE MARY BLVD #104 PMB 429
City-St-Zip: LAKE MARY, FL 32746

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: KELLEY, KATHY K
Address: 4044 WEST LAKE MARY BLVD #104 PMB 429
City-St-Zip: LAKE MARY, FL 32746

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: CHRISTOPHER E. KELLEY

MGR

05/01/2008

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