

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # L05000076712

1. Entity Name

SOUTHSIDE CONNECTION, L.L.C.



Principal Place of Business

**C/O THOMAS PLANERA, ESQ.
4440 LINCOLN HIGHWAY, SUITE 301
MATTESON, IL 60443**

Mailing Address

**C/O THOMAS PLANERA, ESQ.
4440 LINCOLN HIGHWAY, SUITE 301
MATTESON, IL 60443**



01112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3305528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRANT, SCOTT M ESQ
SCOTT M. GRANT, P.A.
3337 TAMiami TRAIL N.
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME LIMPARI, JAMES
STREET ADDRESS 4440 LINCOLN HIGHWAY, SUITE 301
CITY-ST-ZIP MATTESON, IL 60443

TITLE MGR
NAME RIORDAN, JAY
STREET ADDRESS 4440 LINCOLN HIGHWAY, SUITE 301
CITY-ST-ZIP MATTESON, IL 60443

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01/23/08-80060-017-138.75

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #