

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2008 8:00 am
Secretary of State

07-16-2008 90021 016 ***138.75

DOCUMENT # L05000080472

1. Entity Name

THE SOUTH BUMBY GROUP, LLC



Principal Place of Business

1603 SOUTH BUMBY AVENUE
ORLANDO, FL 32806 US

Mailing Address

1603 SOUTH BUMBY AVENUE
ORLANDO, FL 32806 US

50008435



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07142008

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FEI Number

01-0841780

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HAYES & ASSOCIATES, CPA, PA
115 WEST GORE STREET
ORLANDO, FL 32806

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 \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGRM ☐ Delete
NAME: CRAFT, CATHRYN J
STREET ADDRESS: 6536 FAIRWAY HILL COURT
CITY-ST-ZIP: ORLANDO, FL 32835

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

TITLE: MGRM ☐ Delete
NAME: HOLLANTS-PARKER, HEATHER E
STREET ADDRESS: 3281 COUNTRYSIDE VIEW DRIVE
CITY-ST-ZIP: SAINT CLOUD, FL 34772

TITLE: MGRM ☒ Change ☐ Addition
NAME: HOLLANTS-PARKER, HEATHER E.
STREET ADDRESS: 3359 WESTSHORE DRIVE
CITY-ST-ZIP: SAINT CLOUD, FL 34772

TITLE: MGRM ☐ Delete
NAME: KENNEDY-MARTIN, LINDA S
STREET ADDRESS: 2899 BURWOOD AVENUE
CITY-ST-ZIP: ORLANDO, FL 32837

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

TITLE: MGRM ☐ Delete
NAME: MCKENZIE, LINDA S
STREET ADDRESS: 10607 SPRING HAMMOCK WAY
CITY-ST-ZIP: ORLANDO, FL 32825

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

TITLE: MGRM ☐ Delete
NAME: MORGAN, WILLIAM S V
STREET ADDRESS: 1635 CALLIE COURT
CITY-ST-ZIP: APOPKA, FL 32703

TITLE: MGRM ☒ Change ☐ Addition
NAME: MORGAN, WILLIAM S V
STREET ADDRESS: 1916 ELIZABETH AVENUE
CITY-ST-ZIP: ORLANDO, FL 32804

TITLE: MGRM ☐ Delete
NAME: PETERS, CLAIRE J
STREET ADDRESS: 10607 SPRING HAMMOCK WAY
CITY-ST-ZIP: ORLANDO, FL 32825

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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:

Heather E. Hollants-Parker Heather E. Hollants-Parker 7/14/08 407-895-6676

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

Date

Daytime Phone #