

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90404 024 ***138.75

DOCUMENT # L05000084419

1. Entity Name
SEVIERVILLE ROAD LLC



Principal Place of Business
**2152 14TH CIRCLE NORTH
ST. PETERSBURG, FL 33713**

Mailing Address
**2152 14TH CIRCLE NORTH
ST. PETERSBURG, FL 33713**

60012077



01232008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1259975

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HINES, J. BRADFORD
100 2ND AVE SOUTH
SUITE 301N
SAINT PETERSBURG, FL 33701**

**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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUCKER AGUIRRE, FRED C 5115 OLD ELLIS POINTE ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SERTICH, LARRY 5115 OLD ELLIS POINTE ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHERER, CLARK H III 2152 14TH CIRCLE NORTH ST. PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHADWICK AGUIRRE, TUCKER 5115 OLD ELLIS POINTE ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Clark H Scherer III

2/27/08

Date

727 327 1089

Daytime Phone #