

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # L05000105894

1. Entity Name
SOUTHERN NATIVE LLC



Principal Place of Business
**6666 43RD AVENUE S
LAKE WORTH, FL 33463**

Mailing Address
**6666 43RD AVENUE S
LAKE WORTH, FL 33463**



03272008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3979776

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARCINKOSKI, BRIDGETTE B
6666 43RD AVENUE S
LAKE WORTH, FL 33463**

**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**

U000000904853
05/01/08-80029-018 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MARCINKOSKI, BRIDGETTE B
STREET ADDRESS	6666 43RD AVENUE S
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	MGRM
NAME	MARCINKOSKI, RAY ALLEN
STREET ADDRESS	6666 43RD AVENUE S
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Bridgette B. Marcinkoski

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

4/10/08 (561) 439-5602

Date

Daytime Phone #