2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

DOCUMENT # L06000009305
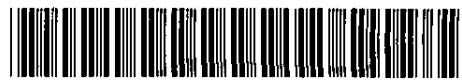
1. Entity Name

SOUTHERN HOSPITALITY, LLC

Principal Place of Business	Mailing Address
5318 DEER CREEK DRIVE ORLANDO FL 32821	5318 DEER CREEK DRIVE ORLANDO FL 32821

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

4965 PARKVIEW DR

Suite, Apt. #, etc.

3. Mailing Address

4965 PARKVIEW DR

Suite, Apt. #, etc.

City & State: St CLOUD Fl

Zip: 34771 Country: US

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Zip: 34771 Country: US

FILED
Aug 14, 2007 8:00 am
Secretary of State

08-14-2007 90026 019 ****50.00

2nd MOORE   CR2E083 (4/07)

4. FEI Number — ☐ Applied For ✔ Not Applicable

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
MILLER, SOUTH, MILHAUSEN & CARR, P.A. C/O C. TERESA GARRETT, ESQ. 1000 LEGION PLACE, SUITE 1200 ORLANDO FL 32801	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 $50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	MARTIN, JAMES		NAME			
STREET ADDRESS	5318 DEER CREEK DRIVE		STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32821		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
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TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _James Martin_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #