

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000033307

**FILED**  
**Mar 05, 2012**  
**Secretary of State**

**Entity Name:** SOUTH LOOP, LLC

**Current Principal Place of Business:**

C/O GARY A. KAHLE  
99 NESBIT STREET  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GARY A. KAHLE  
99 NESBIT STREET  
PUNTA GORDA, FL 33950

**New Mailing Address:**

**FEI Number:** 20-4885138

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAHLE, GARY A  
FARR, FARR, EMERICH, HACKETT AND CARR P.A.  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: TREWORGY, MIKE  
Address: 6161 RIVERSIDE DRIVE  
City-St-Zip: PUNTA GORDA, FL 33982

Title: MGR  
Name: BISHOP, BRAD  
Address: 2624 N. PRESTWICK WAY  
City-St-Zip: LECANTO, FL 34461

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: BRAD BISHOP

MGR

03/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date