

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN 23 AM 9:48

DOCUMENT # L06000057914

1. Entity Name  
SOUTH PERROTT, LLC



Principal Place of Business  
444 SEABREEZE BLVD.  
SUITE ~~780~~ 170  
DAYTONA BEACH, FL 32118 US

Mailing Address  
444 SEABREEZE BLVD.  
SUITE ~~780~~ 170  
DAYTONA BEACH, FL 32118 US

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

3. Mailing Address

Suite, Apt. #, etc.  
170

Suite, Apt. #, etc.  
170

City & State

City & State

Zip Country

Zip Country

06032008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-5279535

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

RICE & ROSE, P.A.  
222 SEABREEZE BLVD.  
DAYTONA BEACH, FL 32118

Robert L. Adams  
444 Seabreeze Blvd.  
Ste. 170  
Daytona Beach FL 32118

Name  
Robert L. Adams

Street Address (P.O. Box Number is Not Acceptable)  
444 Seabreeze Blvd. #170

City  
Daytona Beach FL Zip Code  
32118

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

6.16.08

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
ADAMS, ROBERT L  
444 SEABREEZE BLVD., SUITE 780  
DAYTONA BEACH, FL 32118

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

300131631643  
06/24/08--01038--007 \*\*138.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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:

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

6.16.08

Date

386-253-8044

Daytime Phone #