

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068303

FILED
Mar 05, 2009
Secretary of State

Entity Name: SOUTHERN FULFILLMENT SERVICES, LLC

Current Principal Place of Business:

1626 90TH AVE
VERO BEACH, FL 32966

New Principal Place of Business:

Current Mailing Address:

1626 90TH AVE
VERO BEACH, FL 32966

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BROWN, EDGAR R II
1626 90TH AVENUE
VERO BEACH, FL 32966 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: MGRM () Delete
Name: BROWN, EDGAR A
Address: 13939 INDRIIO ROAD
City-St-Zip: FT PIERCE, FL 34945

Title: MGRM () Delete
Name: BROWN, BARBARA L
Address: 13939 INDRIIO RD.
City-St-Zip: FORT PIERCE, FL 34945

Title: MGRM () Delete
Name: PIONEER PROPERTIES,, LLC
Address: 1626 90TH AVE
City-St-Zip: VERO BEACH, FL 32966

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: EDGAR A. BROWN

MGRM

03/05/2009

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