

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90231 030 ***138.75

DOCUMENT # L06000095625

1. Entity Name
SOUTHWEST SECOND AVENUE, LLC



Principal Place of Business
408 WEST UNIVERSITY AVE.
SUITE 602
GAINESVILLE, FL 32601

Mailing Address
P.O. BOX 1527
GAINESVILLE, FL 32602

00016426



2. Principal Place of Business - No P.O. Box #
2421 NW 41st St

3. Mailing Address
Same

Suite, Apt. #, etc.
A-1

Suite, Apt. #, etc.

03102008 Chg-LLC CR2E083 (12/06)

City & State
Gainesville FL

City & State

4. FEI Number
20-5632504

Applied For
Not Applicable

Zip
32606

Country

Zip
32606

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KINSELL, STEVEN M
408 WEST UNIVERSITY AVE.
SUITE 602
GAINESVILLE, FL 32601

7. Name and Address of New Registered Agent

Name Greg Trunnell
Street Address (P.O. Box Number is Not Acceptable)
2421 NW 41st St. Ste A-1
Gainesville
City FL Zip Code 32606

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 *Seel*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-11-08

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME KINSELL, STEVEN M ☒ Delete
STREET ADDRESS 408 WEST UNIVERSITY AVE., SUITE 602
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Mar Trunnell
STREET ADDRESS 2421 NW 41st St suite A-1
CITY-ST-ZIP Gainesville FL 32606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Seel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-11-08 352-367-4544

Date

Daytime Phone #