

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90109 007 ***143.75

DOCUMENT # L07000075671

1. Entity Name
FLORISOUTH LLC



Principal Place of Business
**2324 BEVERLEY ROAD
BROOKLYN, NY 11226**

Mailing Address
**2324 BEVERLEY ROAD
BROOKLYN, NY 11226**

00003320



2. Principal Place of Business - No P.O. Box #
6796 Via Regina
Suite, Apt. #, etc.

3. Mailing Address
150 ARGYLE ROAD
Suite, Apt. #, etc.

04042008 Chg-LLC CR2E083 (12/06)

City & State
Boca RATON, FL
Zip
33433
Country

City & State
BROOKLYN N.Y.
Zip
11218
Country

4. FEI Number
26-0581509
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD STE 101
TALLAHASSEE, FL 32301-2960**

7. Name and Address of New Registered Agent

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHMIDT, J LESLY
150 ARGYLE ROAD
BROOKLYN, NY 11218** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHMIDT, MARIE FRANCES
150 ARGYLE ROAD
BROOKLYN, NY 11218** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

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

TITLE
NAME
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CITY-ST-ZIP
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☐ 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

J. LESLY SCHMIDT

4/08/2008 718-284-2908

Date

Daytime Phone #