

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085371

Entity Name: SFR OF PALATKA, LLC

FILED  
Mar 03, 2009  
Secretary of State

## Current Principal Place of Business:

110 SOUTH SECOND ST  
PALATKA, FL 32177 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 26  
WELAKA, FL 32193 US

## New Mailing Address:

FEI Number: 30-0446493

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSKOSH, SUE F  
110 SOUTH SECOND ST  
PALATKA, FL 32177 US

## Name and Address of New Registered Agent:

ROSKOSH, SUE F MGR  
110 SOUTH SECOND ST  
PALATKA, FL 32177 US

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: SUE F. ROSKOSH

03/03/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ROSKOSH, SUE F  
Address: 110 SOUTH SECOND ST  
City-St-Zip: PALATKA, FL 32177 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: ROSKOSH, SUE F MGR  
Address: 110 SOUTH SECOND ST  
City-St-Zip: PALATKA, FL 32177 US

Title: MGRM ( ) Change (X) Addition  
Name: MC CLARNEY, LINDA G MGRM  
Address: 110 SOUTH SECOND STREET  
City-St-Zip: PALATKA, FL 32177 US

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: SUE F. ROSKOSH

MGR

03/03/2009

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