

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106370

FILED
Apr 29, 2009
Secretary of State

Entity Name: SOUTHERN CAST SOLUTIONS, LLC

Current Principal Place of Business:

1301 COMMERCE AVENUE
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

1301 COMMERCE AVENUE
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 26-1318347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALLMEYER, GARY M
817 GOLF COURSE PARKWAY
DAVENPORT, FL 33837 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: KALLMEYER, GARY M
Address: 1301 COMMERCE AVENUE
City-St-Zip: HAINES CITY, FL 33844

Title: MMBR () Delete
Name: KALLMEYER, ADAM M
Address: 817 GOLF COURSE PARKWAY
City-St-Zip: DAVENPORT, FL 33837

Title: MMBR () Delete
Name: KALLMEYER, JASON R
Address: 409 SHEPARD ROAD
City-St-Zip: DUNDEE, FL 33838

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: GARY KALLMEYER

MGRM

04/29/2009

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