

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116920

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Entity Name:** SOUTHFORK CENTRE LLC

**Current Principal Place of Business:**

4945 SOUTHFORK DRIVE  
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7307  
LAKELAND, FL 338077307

**New Mailing Address:**

**FEI Number:** 51-0656157

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HERMAN, STEPHEN D  
4945 SOUTHFORK DRIVE  
LAKELAND, FL 33813 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  
Name: HERMAN, STEPHEN D  
Address: P.O. BOX 7307  
City-St-Zip: LAKELAND, FL 338077307

Title: MGRM  
Name: CONTI, TIMOTHY S  
Address: 1234 WATERFORD DR.  
City-St-Zip: LAKELAND, FL 33813

Title: MGRM  
Name: BOYETTE, TERRI M  
Address: 410 OAK TRAIL  
City-St-Zip: LAKELAND, FL 33813

I hereby 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: STEPHEN D HERMAN

MMBR

04/23/2010

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