

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000075906

**FILED**  
**Aug 14, 2011**  
**Secretary of State**

**Entity Name:** SOUTHERN HYDRAULICS, LLC

**Current Principal Place of Business:**

2469 OLD DIXIE HWY  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

1506 KELLEY AVE  
SUITE 1  
KISSIMMEE, FL 34744

**Current Mailing Address:**

401 OAKPOINT CIRCLE  
DAVENPORT, FL 33837

**New Mailing Address:**

**FEI Number:** 26-3210431

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FAUST, SHAWN A  
401 OAKPOINT CIRCLE  
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  
**Name:** FAUST, SHAWN A  
**Address:** 401 OAKPOINT CIRCLE  
**City-St-Zip:** DAVENPORT, FL 33837

**Title:** MGR  
**Name:** FRIETCH, KATHERINE N  
**Address:** 401 OAKPOINT CIRCLE  
**City-St-Zip:** DAVENPORT, FL 33837

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:** SHAWN FAUST

MGMB

08/14/2011

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