

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076781

FILED
Apr 29, 2009
Secretary of State

Entity Name: SOUTHERN SEASONS SPECIALTIES, LLC

Current Principal Place of Business:

3455 CITATION DR
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

Current Mailing Address:

3455 CITATION DR
GREEN COVE SPRINGS, FL 32043 US

New Mailing Address:

FEI Number: 26-3195983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY, DAVID
3455 CITATION DR
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

MAY, SILVERLY
3455 CITATION DR
GREEN COVE SPRINGS, FL 32043 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: SILVERLY MAY

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAY, DAVID
Address: 3455 CITATION DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: MGRM (X) Delete
Name: MAY, SILVERLY
Address: 3455 CITATION DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

ADDITIONS/CHANGES:

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: DAVID MAY

MGRM

04/29/2009

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