

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000107591

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** SOUTH PINE ASSOCIATES, LLC

**Current Principal Place of Business:**

460 NW 52ND AVENUE  
OCALA, FL 34482

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5058  
OCALA, FL 34478

**New Mailing Address:**

**FEI Number:** 26-3745951      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

DANIEL HICKS, P.A.  
421 SOUTH PINE AVENUE  
OCALA, FL 34471      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:** MGR  
**Name:** PAGLIA, MICHAEL D  
**Address:** 460 NW 52ND AVENUE  
**City-St-Zip:** Ocala, FL 34482

**Title:** MGR  
**Name:** PAGLIA, JOHN A  
**Address:** 460 NW 52ND AVENUE  
**City-St-Zip:** Ocala, FL 34482

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: MICHAEL PAGLIA

MGR

04/20/2012

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