

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000001158

FILED
Jan 16, 2009
Secretary of State

Entity Name: SOUTHWIND MANUFACTURING, L.C.

Current Principal Place of Business:

415 CYPRESS ROAD
OCALA, FL 34472

New Principal Place of Business:

Current Mailing Address:

415 CYPRESS ROAD
OCALA, FL 34472

New Mailing Address:

FEI Number: 59-3473728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAX CO.
% MAHONEY ADAMS & CRISER P.A.
50 NORTH LAURA ST./3300 BARNETT CENTER
JACKSONVILLE, FL 32202 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: C () Delete
Name: BERKLEY, R. DAVE
Address: 415 CYPRESS RD
City-St-Zip: OCALA, FL 34472

Title: MGRS () Delete
Name: PERRY, CHARLES A III
Address: 3477 LAKESHORE BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32210

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: R.DAVE BERKLEY

COO

01/16/2009

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