

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90002 033 \*\*\*\*50.00

**DOCUMENT # L97000001158**

1. Entity Name

**SOUTHWIND MANUFACTURING, L.C.**



Principal Place of Business

**415 CYPRESS ROAD  
OCALA FL 34472**

Mailing Address

**415 CYPRESS ROAD  
OCALA FL 34472**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3473728**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RAX CO.  
% MAHONEY ADAMS & CRISER P.A.  
50 NORTH LAURA ST./3300 BARNETT CENTER  
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>MGRS</b>									
	<b>PERRY, CHARLES A JR.</b>									
	<b>3477 LAKESHORE BOULEVARD</b>									
	<b>JACKSONVILLE FL 32210</b>									
	<b>MGRS</b>									
	<b>PERRY, CHARLES A III</b>									
	<b>3477 LAKESHORE BOULEVARD</b>									
	<b>JACKSONVILLE FL 32210</b>									

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: \***

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2-27-03**

Date

**904-389-4536**

Daytime Phone #

CR2E083 (10/02)