


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90304 033 ***138.75

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # L99000003882 1. Entity Name SOS DEVELOPMENT, LLC | | | |  | |
| Principal Place of Business SUITE C-105 2002 RICHARD JONES ROAD NASHVILLE, TN 37215-8385 | | | Mailing Address PO BOX 158385 NASHVILLE, TN 37215 | | |
| 2. Principal Place of Business - No P.O. Box # 4205 Hillsboro Rd. | | 3. Mailing Address Suite, Apt. #, etc. 206 | | | |
| City & State Nashville, TN | | City & State _____ | | 4. FEI Number 62-1786353 | |
| Zip 37215 | | Country Davidson | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BUILDER, J. LINDSAY JR 369 N. NEW YORK AVENUE, 3RD FLOOR WINTER PARK, FL 32789 | | | 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE MGR | NAME JOHNSON, SAMUEL L III | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS 2002 RICHARD JONES RD., STE. C105 | CITY-ST-ZIP NASHVILLE, TN 37215 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE _____ | NAME _____ | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS _____ | CITY-ST-ZIP _____ | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE _____ | NAME _____ | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS _____ | CITY-ST-ZIP _____ | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| STREET ADDRESS _____ | CITY-ST-ZIP _____ | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE _____ | NAME _____ | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS _____ | CITY-ST-ZIP _____ | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Samuel L. Johnson</i> | | | Date: 4-16-08 Daytime Phone #: 615-385-4946 | | |