

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90278 024 ****50.00

DOCUMENT # L99000004166

1. Entity Name
SOUTHERN EXCHANGE SERVICE, L.L.C.



Principal Place of Business
**12815 EMERALD COAST PKWY STE. 124
DESTIN, FL 32550**

Mailing Address
**12815 EMERALD COAST PKWY STE. 124
DESTIN, FL 32550**

20007877



2. Principal Place of Business

11714 EMERALD COAST PKWY

Suite, Apt. #, etc.

SUITE 5

City & State

MIRAMAR BEACH FL

Zip

32550

Country

3. Mailing Address

11714 EMERALD COAST PKWY

Suite, Apt. #, etc.

SUITE 5

City & State

MIRAMAR BEACH FL

Zip

32550

Country

01052005

Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-3623124

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LARSH, DAWN E
12815 EMERALD COAST PKWY STE. 124
DESTIN, FL 32550**

7. Name and Address of New Registered Agent

Name

DAWN E LARSH

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

11714 EMERALD COAST PKWY

SUITE 5

City

MIRAMAR BEACH

FL

Zip Code

32550

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/05

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BRANNON, GEORGE T
12815 HWY. 98 WEST, SUITE 124
DESTIN, FL 32541** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**11714 EMERALD COAST PKWY SUITE 5
MIRAMAR BEACH FL 32550** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

[Signature] **PRES**

DATE

1/5/05

DAYTIME PHONE #

(860) 337-0540