

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M01000001348**

1. Entity Name  
SONIC FLORIDA NO. 1, LLC



Principal Place of Business  
1006 TREETOPS BLVD., SUITE 100  
JACKSON, MS 39232

Mailing Address  
PO BOX 320159  
JACKSON, MS 39232



01132004No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
64-0947411

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SIMMONS, ROBERT O  
C/O FLOYD AND SAMMONS, P.A.  
1556 SIXTH STREET, SE  
WINTER HAVEN, FL 33880

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	DL INVESTMENTS, LLC
STREET ADDRESS	1006 TREETOPS BLVD., SUITE 100
CITY- ST- ZIP	JACKSON, MS 39232

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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U000000091848  
03/18/04-80025-003 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 OR AUTHORIZED REPRESENTATIVE

3/16/04 64-0947411