

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90073 035 ***138.75

DOCUMENT # M02000001481

1. Entity Name
SOUTHSTAR CAPITAL, L.L.C.



Principal Place of Business
**61 IVANHOE DR.
ORMOND BEACH, FL 32176**

Mailing Address
**61 IVANHOE DR.
ORMOND BEACH, FL 32176**

2. Principal Place of Business - No P.O. Box #
12 SUNNY BEACH DR.
Suite, Apt. #, etc.

3. Mailing Address
12 SUNNY BEACH DR.
Suite, Apt. #, etc.

00000001



02122008 Chg-LLC CR2E083 (12/06)

City & State
ORMOND BEACH, FL
Zip
32176
Country

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ORMOND BEACH, FL
Zip
32176
Country

4. FEI Number
74-3026751
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOLLING, RONNIE L
61 IVANHOE DR.
ORMOND BEACH, FL 32176**

7. Name and Address of New Registered Agent

Name **BOLLING, RONNIE L.**
Street Address (P.O. Box Number is Not Acceptable)
12 SUNNY BEACH DR.
City **ORMOND BEACH** FL Zip Code **32176**

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 *Ronnie L. Bolling*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/12/08**

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BOLLING, RONNIE L
61 IVANHOE DR.
ORMOND BEACH, FL 32176** ☒ 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
**MGRM
BOLLING, RONNIE L
12 SUNNY BEACH DR.
ORMOND BEACH, FL 32176** ☒ 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 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 *Ronnie L. Bolling, Mgr.* **2/12/08** **386-441-7731**