

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # M06000003747

1. Entity Name

SOUTHBOUND - WALLS, LLC



Principal Place of Business

Mailing Address

12500 STATE ROUTE 124
PIKETON OH 45661

12500 STATE ROUTE 124
PIKETON OH 45661



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-4727192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKER, SHELLEY
9429 BURLINGTON PLACE
BOCA RATON FL 33434

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 re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME WALLS, JASON R
STREET ADDRESS 12500 STATE ROUTE 124
CITY-ST-ZIP PIKETON OH 45661

TITLE ☐ Change ☐ Addition
NAME U000000699199
STREET ADDRESS 04/19/07-80033-005 50.00
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME MONTGOMERY, ANTHONY
STREET ADDRESS 12500 STATE ROUTE 124
CITY-ST-ZIP PIKETON OH 45661

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

TITLE MGR ☐ Delete
NAME SEYMOUR, REBECCA
STREET ADDRESS 12500 STATE ROUTE 124
CITY-ST-ZIP PIKETON OH 45661

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

TITLE MGR ☐ Delete
NAME MONTGOMERY, TODD
STREET ADDRESS 12500 STATE ROUTE 124
CITY-ST-ZIP PIKETON OH 45661

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

TITLE MGR ☐ Delete
NAME MONTGOMERY, SKID
STREET ADDRESS 12500 STATE ROUTE 124
CITY-ST-ZIP PIKETON OH 45661

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytime Phone #

4/5/07

740-493-1598