

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # Z00559

1. Entity Name
AMERICAN & SOUTHERN, L.C.



Principal Place of Business
**11965 49TH STREET NORTH
CLEARWATER, FL 34622**

Mailing Address
**P.O. BOX 17357
CLEARWATER, FL 34622-0357**



04262005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3192406

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCMULLEN, PAUL M
MCMULLEN OIL CO., INC.
11965 49TH ST. N.
CLEARWATER, FL 34622**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
MCMULLEN, PAUL M.
11965 49TH ST. NO.
CLEARWATER, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
MCMULLEN, JANET E.
11965 49TH ST. NO.
CLEARWATER, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCMULLEN, BRETT M
11965 49TH ST N
CLEARWATER, FL 33762**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCMULLEN, PAUL M JR
11965 49TH ST N
CLEARWATER, FL 33762**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000357599
05/04/05-80080-018 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:

Paul M. McMullen

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

04/26/05

Date

721

Daytime Phone #

573-0016