

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2008 8:00 am
Secretary of State

05-01-2008 90020 047 ***138.75

DOCUMENT # L07000087551 1. Entity Name SOUTHERN VENTURE CAPITAL GROUP LLC					
Principal Place of Business 261 KENNETH HARRISON RD PONCE DE LEON, FL 32455 US			Mailing Address 261 KENNETH HARRISON RD PONCE DE LEON, FL 32455 US		
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 61-1537466	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HARRISON, DAVID K 261 KENNETH HARRISON RD PONCE DE LEON, FL 32455				7. Name and Address of New Registered Agent 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: DATE: _____ Signature typed or printed name of Registered Agent and total applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$838.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR HARRISON, DAVID K 261 KENNETH HARRISON RD PONCE DE LEON, FL 32455 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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:					
SIGNATURE AND TYPED OR PRINTED NAME OF AGING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					