

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072412

Entity Name: SOUTHERN FIDELITY HOLDING, LLC**Current Principal Place of Business:**2750 CHANCELLORSVILLE DRIVE
TALLAHASSEE, FL 32312**Current Mailing Address:**2750 CHANCELLORSVILLE DRIVE
TALLAHASSEE, FL 32312 US**FEI Number:** 20-1640941**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUNDBERG, WILLIAM LESQ
SUNDBERG & HESSMAN, P.A.
107 WEST 5TH AVENUE
TALLAHASSEE, FL 32303 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT, CEO, DIRECTOR,
MANAGER
Name GRAGANELLA, JAMES A
Address 2514 MILLSTONE PLANTATION RD
City-State-Zip: TALLAHASSEE FL 32312

Title VP, DIRECTOR, MANAGER
Name WELLS, BYRON H
Address 2819 FITZPATRICK DRIVE
City-State-Zip: TALLAHASSEE FL 32309

Title MGRM, DIRECTOR
Name WHITTAKER, CHARLES
Address P.O. BOX 1306
City-State-Zip: BAINBRIDGE GA 39818

Title MANAGING MEMBER, DIRECTOR
Name AMOS, CATHERINE
Address 2338 CHAMBLEE GAP ROAD
City-State-Zip: CUMMING GA 30400

Title DIRECTOR, MANAGER
Name MARTIN, KEITH E
Address 6337 GLASGOW DRIVE
City-State-Zip: TALLAHASSEE FL 32312

Title SECRETARY, DIRECTOR, MANAGER
Name MOCK, KRISTIE B
Address 1126 CORBY COURT EAST
City-State-Zip: TALLAHASSEE FL 32317

Title MGRM, DIRECTOR
Name SATTERFIELD, HENRY CIII
Address 757 RHODEN COVE ROAD
City-State-Zip: TALLAHASSEE FL 32312

Title MANAGING MEMBER, DIRECTOR
Name COX, WILLIAM SR.
Address PO BOX 92
City-State-Zip: BAINBRIDGE GA 39818

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KRISTIE MOCK**SECRETARY****02/28/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGING MEMBER, DIRECTOR
Name DOWDY, JOHN JR.
Address 1401 DOUGLAS DRIVE
City-State-Zip: BAINBRIDGE GA 39819

Title MANAGING MEMBER, DIRECTOR
Name POWELL, RALPH JR.
Address 168 LANE POWELL ROAD
City-State-Zip: BRINSON GA 39825

Title MANAGING MEMBER, DIRECTOR
Name KEATON, CHARLES
Address 7 MARSHBRIDGE LANE
City-State-Zip: SAVANNAH GA 31411

Title CFO, VP, TREASURER, DIRECTOR,
 MANAGER
Name EDENFIELD, JUSTIN
Address 9924 BEAVER RIDGE TRAIL
City-State-Zip: TALLAHASSEE FL 32312