

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000072412

**Entity Name:** SOUTHERN FIDELITY HOLDING, LLC**Current Principal Place of Business:**2255 KILLEARN CTR BLVD  
TALLAHASSEE, FL 32309**Current Mailing Address:**2255 KILLEARN CTR BLVD  
TALLAHASSEE, FL 32309**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 MGRM, PRESIDENT, CEO  
Name GRAGANELLA, JAMES A  
Address 2514 MILLSTONE PLANTATION RD  
City-State-Zip: TALLAHASSEE FL 32312

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

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

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

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

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

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

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

**Continues on page 2**

*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****03/01/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

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

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

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

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