

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000116920

**Entity Name:** SOUTHFORK CENTRE LLC

**Current Principal Place of Business:**

4945 SOUTHFORK DRIVE  
LAKELAND, FL 33813

**Current Mailing Address:**

P.O. BOX 7307  
LAKELAND, FL 33807-7307

**FEI Number:** 51-0656157

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HERMAN, STEPHEN D  
4945 SOUTHFORK DRIVE  
LAKELAND, FL 33813 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  
Name HERMAN, STEPHEN D  
Address P.O. BOX 7307  
City-State-Zip: LAKELAND FL 33807-7307

Title MGRM  
Name CONTI, TIMOTHY S  
Address 1234 WATERFORD DR.  
City-State-Zip: LAKELAND FL 33813

Title MGRM  
Name BOYETTE, TERRI M  
Address 2934 DEERBROOK DRIVE  
City-State-Zip: LAKELAND FL 33811

*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:** STEPHEN D HERMAN

**MANAGING MEMBER**

**04/22/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date