## **2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000116920

**Entity Name: SOUTHFORK CENTRE LLC** 

**Current Principal Place of Business:** 

4949 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 4949 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.

Title

**MGRM** 

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Jan 18, 2023

**Secretary of State** 

1971231961CC

Authorized Person(s) Detail:

Title MGRM

NameHERMAN, STEPHEN DNameCONTI, TIMOTHY SAddressP.O. BOX 7307Address1234 WATERFORD DR.

City-State-Zip: LAKELAND FL 33807-7307 City-State-Zip: LAKELAND FL 33813

Title MGRM

Name SAXON, TERRI M

Address 1800 KOFRESI COURT

City-State-Zip: RUSKIN FL 33570

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

01/18/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date