

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101696

FILED
May 05, 2009
Secretary of State

Entity Name: SOUTHEAST COMMERCIAL CONTRACTORS, LLC

Current Principal Place of Business:

207 150TH AVENUE
MADEIRA BEACH, FL 33708 US

New Principal Place of Business:

Current Mailing Address:

207 150TH AVENUE
MADEIRA BEACH, FL 33708 US

New Mailing Address:

FEI Number: 26-3830382 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOFSTRA, PETER T
8640 SEMINOLE BOULEVARD
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

VALENTE, JANET L
207 150TH AVENUE
MADEIRA BEACH, FL 33708 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: JANET L VALENTE

05/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COLONNELL, WILLIAM
Address: 207 150TH AVENUE
City-St-Zip: MADEIRA BEACH, FL 33708 US

Title: MGRM (X) Delete
Name: PARSONS, LEW
Address: 207 150TH AVENUE
City-St-Zip: MADEIRA BEACH, FL 33708 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VALENTE, JANET L
Address: 207 150TH AVENUE
City-St-Zip: MADEIRA BEACH, FL 33708 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JANET L VALENTE

MGRM

05/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date