

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000080590

**Entity Name:** SOUTHEAST ACCOUNTING SOLUTIONS, LLC

**Current Principal Place of Business:**

900 WEST TROPICAL WAY  
PLANTATION, FL 33317

**Current Mailing Address:**

900 WEST TROPICAL WAY  
PLANTATION, FL 33317

**FEI Number:** 27-0382094

**Certificate of Status Desired:** No

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

ARCHARD, DOREEN T  
900 WEST TROPICAL WAY  
PLANTATION, FL 33317 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 MGR  
Name ARCHARD, DOREEN T  
Address 900 WEST TROPICAL WAY  
City-State-Zip: PLANTATION FL 33317

*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:** DOREEN ARCHARD

**MANAGER**

**04/07/2015**

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

\_\_\_\_\_  
Date