

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000049084

**Entity Name:** SEF4, LLC

**Current Principal Place of Business:**

147 HARBOR CIRCLE  
ALLIGATOR POINT, FL 32346

**Current Mailing Address:**

147 HARBOR CIRCLE  
ALLIGATOR POINT, FL 32346 US

**FEI Number:** 26-2670654

**Certificate of Status Desired:** No

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

FLING, STEVE E  
147 HARBOR CIRCLE  
ALLIGATOR POINT, FL 32346 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 FLING, STEVEN E  
Address 147 HARBOR CIRCLE  
City-State-Zip: ALLIGATOR POINT FL 32346

Title OFFICER  
Name BRUCE DURDEN  
Address 319 QUAIL RUN  
City-State-Zip: CRAWFORDVILLE FL 32327

Title OFFICER  
Name FREEMAN PIGOTT  
Address 184 PIGOTT POND ROAD  
City-State-Zip: CRAWFORDVILLE FL 32327

*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:** STEVEN E FLING

MGRM

01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date