

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000069067

**Entity Name:** SELECTIVE ENFORCEMENT AGENCY, LLC

**Current Principal Place of Business:**

2613 NE 3RD ST  
SUITE A-1  
OCALA, FL 34470

**Current Mailing Address:**

PO BOX 832094  
OCALA, FL 34483

**FEI Number:** 27-3323525

**Certificate of Status Desired:** No

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

HUNTER, OLIVE  
2613 NE 3RD ST  
SUITE A  
OCALA, FL 34470 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:** OLIVE HUNTER

04/06/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name WILLIAMS, T J  
Address PO BOX 832094  
City-State-Zip: Ocala FL 34483

*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:** TRACY WILLIAMS

OWNER

04/06/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date