

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000120115

Entity Name: S.E. COMBINED SERVICES OF FLORIDA, LLC

Current Principal Place of Business:

4207 E LAKE AVE
TAMPA, FL 33610

FILED
Apr 24, 2024
Secretary of State
8275585090CC

Current Mailing Address:

1929 ALLEN PARKWAY
HOUSTON, TX 77019 US

FEI Number: 59-0259432

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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	SECRETARY	Title	PRESIDENT
Name	KEY, JANET S	Name	LONGINO, NOBLE L
Address	1929 ALLEN PARKWAY	Address	1929 ALLEN PARKWAY
City-State-Zip:	HOUSTON TX 77019	City-State-Zip:	HOUSTON TX 77019
Title	MANAGER, TREASURER, VP	Title	ASST. SECRETARY
Name	TRIESCH, MICHAEL G	Name	GIBBS, BRENDA K
Address	1929 ALLEN PARKWAY	Address	1333 S CLEARVIEW PKWY
City-State-Zip:	HOUSTON TX 77019	City-State-Zip:	JEFFERSON LA 70121
Title	VP	Title	VP
Name	GRUENDL, KEITH L	Name	GUARA, MANUEL
Address	1333 S CLEARVIEW PKWY	Address	1333 S CLEARVIEW PKWY
City-State-Zip:	JEFFERSON LA 70121	City-State-Zip:	JEFFERSON LA 70121
Title	VP	Title	VP, MANAGER
Name	LACOUR, ANGELA M	Name	BOCAGE, STERLING C
Address	1333 S CLEARVIEW PKWY	Address	1929 ALLEN PKWY TAX DEPT 9TH FL
City-State-Zip:	JEFFERSON LA 70121	City-State-Zip:	HOUSTON TX 77019

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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: MICHAEL G TRIESCH

TREASURER

04/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name BATEMAN, MARIA E
Address 1333 S CLEARWATER PARKWAY
City-State-Zip: NEW ORLEANS LA 70121

Title ASST. SECRETARY, MANAGER
Name WALKER, KATIE M
Address 1929 ALLEN PARKWAY
City-State-Zip: HOUSTON TX 77019