

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000090765

Entity Name: SOUTHEAST FORMWORK CONSTRUCTION, LLC**Current Principal Place of Business:**901 NORTPOINT PARKWAY
SUITE 103
WEST PALM BEACH, FL 33407**Current Mailing Address:**8470 BELVEDERE ROAD
WEST PALM BEACH, FL 33411 US**FEI Number:** 46-0559965**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHITESIDE, CLARENCE L
901 NORTHPOINT PKWY
SUITE 103
WEST PALM BEACH, FL 33407 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	WHITESIDE, CLARENCE L
Address	3281 PERIMETER DRIVE
City-State-Zip:	LAKE WORTH FL 33467

Title	PRES
Name	WHITESIDE, CLARENCE L
Address	3281 PERIMETER DRIVE
City-State-Zip:	LAKE WORTH FL 24382

Title	VP
Name	WHITESIDE, STACY K
Address	700 W. PINE STREET
City-State-Zip:	WYTHEVILLE VA 24382

Title	SECRETARY/TREASURER
Name	HECKER, KELLY
Address	13858 78TH PLACE NORTH
City-State-Zip:	WEST PALM BEACH FL 33411

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: KELLY HECKER**SECRETARY****05/02/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date