

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000184711

**Entity Name:** SOUTHEAST AERIAL SOLUTIONS LLC

**Current Principal Place of Business:**

114 N. TENNESSEE AVE  
3RD FLOOR  
LAKELAND, FL 33801

**Current Mailing Address:**

114 N. TENNESSEE AVE  
3RD FLOOR  
LAKELAND, FL 33801 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BROOKS, DANIEL  
5904 TROPHY LOOP  
LAKELAND, FL 33811 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               | Title           | AMBR                          |
| Name            | BROOK, DANIEL     | Name            | SAUNDERS, TRENT               |
| Address         | 5904 TROPHY LOOP  | Address         | 114 N TENNESSEE AVE 3RD FLOOR |
| City-State-Zip: | LAKELAND FL 33811 | City-State-Zip: | LAKELAND FL 33801             |

*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:** DANIEL BROOKS

**MGR**

**02/12/2017**

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

\_\_\_\_\_  
Date