

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000021839

1. Entity Name

SOUTHEASTERN ORGANICS, LLC



**FILED**  
**Aug 25, 2008 08:00 AM**  
**Secretary of State**



Principal Place of Business  
3020 FAIRLANE FARMS ROAD  
SUITE ONE  
WELLINGTON FL 33414

Mailing Address  
3020 FAIRLANE FARMS ROAD  
SUITE ONE  
WELLINGTON FL 33414

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E083 (4/08)

4. FEI Number

03-0510652

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYES, ROY  
3020 FAIRLANE FARMS ROAD  
SUITE ONE  
WELLINGTON FL 33414

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$538.75**

**Make Check Payable to Florida Department of State**  
**Due By September 3, 2008**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☒

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
HAYES, ROY  
3020 FAIRLANE FARMS ROAD SUITE ONE  
WELLINGTON FL 33414

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

U00000958300  
08/25/08-80003-013 138.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
HAYES, DAN  
3020 FAIRLANE FARMS RD STE ONE  
WELLINGTON FL 33414

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

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☐ Delete

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NAME  
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #