

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90342 046 *****55.00

DOCUMENT # L02000030789

1. Entity Name

SOUTHEASTERN AUTO BROKERS, LLC



Principal Place of Business

**528 SOUTH MARKET AVE.
FORT PIERCE FL 34982**

Mailing Address

**528 SOUTH MARKET AVE.
FORT PIERCE FL 34982**

2. Principal Place of Business

528 South Market Ave

Suite, Apt. #, etc.

FT. Pierce, FL.

City & State

Zip

34982

Country

USA

3. Mailing Address

528 South Market Ave.

Suite, Apt. #, etc.

Fort Pierce, FL.

City & State

Zip

34982

Country

USA

4. FEI Number

76-0719255

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEITERMAN, TODD A
443 23RD. ST. S.E.
VERO BEACH FL 32962**

7. Name and Address of New Registered Agent

Name

NOT Applicable

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

NOT Applicable

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **LEITERMAN, TODD A**
STREET ADDRESS **443 23RD. ST. S.E.**
CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE **MGRM** ☐ Delete
NAME **MANN, DAVID L**
STREET ADDRESS **5613 MELVILLE RD.**
CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE **MGRM** ☐ Delete
NAME **SUIT, LEEANN J**
STREET ADDRESS **5613 MELVILLE RD.**
CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

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

1/20/03 1-772-465-7938

Date

Daytime Phone #

CR2E083 (10/02)