

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90067 004 ****50.00

DOCUMENT # L02000033560

1. Entity Name

SOUTHEASTERN LAND GROUP, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

32815 U.S. HWY 19 NORTH

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALE HARBOR, FL

City & State

Zip

34684

Country

USA

Zip

Country

4. FEI Number

42-1555102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

HENRY T. SORENSON II, ESQ.

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

32815 U.S. HWY 19 NORTH

City

PALE HARBOR

FL

Zip Code

34684

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.

HENRY T. SORENSON II, ESQ.

DATE

2-10-03

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Managing member
CHERYL WEHLAU
4942 FELECITY WAY
PALE HARBOR, FL 34685

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Managing member
JOHN WEHLAU
4942 FELECITY WAY
PALE HARBOR, FL 34685

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Managing member
HENRY T. SORENSON II
10610 WEYBRIDGE DR.
TAMPA, FL 33626

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

HENRY T. SORENSON II

2-10-03

Date

727-784-6500

Daytime Phone #

CR2E083B (12/02)