

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

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90015 031 ***55.00

DOCUMENT # L02000033904

1. Entity Name

SOUTHEASTERN BUILDING INSPECTIONS, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

105 Water Oak Drive

Suite, Apt. #, etc.

3. Mailing Address

105 Water Oak Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ponte Vedra Beach, FL

City & State
Ponte Vedra Beach, FL

4. FEI Number

75-3020282

Applied For

Not Applicable

Zip

32082

Country

St Johns

Zip

32082

Country

St Johns

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES J. Lafrancoise

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

105 Water Oak Drive

City

Ponte Vedra Beach FL

Zip Code

32082

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, printed name of registered agent and title if applicable.

JAMES J. Lafrancoise

3/4/03
DATE

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
Member MGR
JAMES J. Lafrancoise
105 Water Oak Drive
Ponte Vedra Beach FL 32082

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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

Date

Daytime Phone #

3/4/03 204-543-7245

CR2E083B (12/02)