

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 11, 2007 08:00 AM
Secretary of State

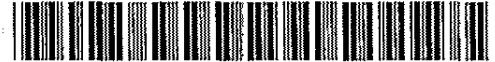
DOCUMENT # L03000016029

1. Entity Name
SOUTHERN ELECTRIC OF FLORIDA, L.L.C.



Principal Place of Business
9161 SW LIPE RD
ARCADIA, FL 34269

Mailing Address
PO BOX 1075
ARCADIA, FL 34265



09052007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
32-0073610

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SICA, VINCENT A
10 S. DESOTO AVENUE, SUITE 101
ARCADIA, FL 34266

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IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JETER, MICHAEL
STREET ADDRESS	3509 SE BRAHN RD
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	MGRM
NAME	LIPE, TOM
STREET ADDRESS	9161 SW LIPE ROAD
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/11/07-800002-023 50.00

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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: *Tom Le*

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

9/5/07

Date

863-890-4794

Daytime Phone #