

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90226 048 ****50.00

DOCUMENT # L03000035469

1. Entity Name
S & E INVESTMENT GROUP, LLC



Principal Place of Business
**15200 S. TAMiami TR.
FORT MYERS, FL 33908**

Mailing Address
**3914 W RIVERSIDE DR
FORT MYERS, FL 33901**

20002128



2. Principal Place of Business

3914 W. Riverside Dr

3. Mailing Address

Suite, Apt. #, etc.

01192006 Chg-LLC CR2E083 (11/05)

City & State
Fort Myers FL

City & State

4. FEI Number
20-0233922

Applied For
Not Applicable

Zip
33901

Zip Country

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

**ENNEN, WILLIAM
3914 W RIVERSIDE DR
FORT MYERS, FL 33901**

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 re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ENNEN, WILLIAM
3914 W RIVERSIDE DR
FORT MYERS, FL 33901** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SPECK, MARY PAT
16629 PANTHER PAWCT
FORT MYERS, FL 33908** ☒ Delete

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

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CITY-ST-ZIP
☐ 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: **William Ennen**

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

Date

Daytime Phone #

1-18-06 239-225-0089