

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90050 031 ***150.00

DOCUMENT # L03000039991

1. Entity Name
SOUTH EASTERN COMPONENTS, LLC



Principal Place of Business
**2250 N.W. 102 AVE.
MIAMI, FL 33172**

Mailing Address
**2250 N.W. 102 AVE.
MIAMI, FL 33172**



2. Principal Place of Business

3. Mailing Address

01052006 Chg-LLC CR2E083 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-0401602

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOMEZ, ABELARDO
2250 N.W. 102 AVE.
MIAMI, FL 33172**

7. Name and Address of New Registered Agent

Name **Gomez, Albert**

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

3566 Vista Ct.

City **Miami**

FL

Zip Code **33133**

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 May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **VP** ☐ Delete
NAME **GOMEZ, ALBERT**
STREET ADDRESS **8107 LOS PINOS CIRCLE**
CITY-ST-ZIP **CORAL GABLES, FL 33143**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Gomez, Abelardo** ☒ Change ☐ Addition
NAME
STREET ADDRESS **2250 NW 102 Ave**
CITY-ST-ZIP **Miami, FL 33172**

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

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CITY-ST-ZIP

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:

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

Date

Daytime Phone #

Albert Gomez **Albert Gomez** **1/16/06** **305-477-0387**