

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072928

FILED
Feb 07, 2006
Secretary of State

Entity Name: SOUTHEAST REFRIGERATION, LLC

Current Principal Place of Business:

220 IDLEWOOD AVE APT #101
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

P O BOX 1632
BARTOW, FL 33831

New Mailing Address:

FEI Number: 59-3024027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRIGGERS, MALCOM
220 IDLEWOOD AVE APT #101
BARTOW, FL 33831 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DRIGGERS, MALCOM
Address: 220 IDLEWOOD AVE APT #101
City-St-Zip: BARTOW, FL 33831

Title: MGRM () Delete
Name: DRIGGERS, BRANDON
Address: 9039 SACA DRIVE
City-St-Zip: POLK CITY, FL 33868

Title: MGRM () Delete
Name: DRIGGERS, SHAUN
Address: 220 IDLEWOOD AVE APT 101
City-St-Zip: BARTOW, FL 33831

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: DRIGGERS, BRANDON
Address: 9039 SARAH DRIVE
City-St-Zip: POLK CITY, FL 33868

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MALCOM DRIGGERS

MGRM

02/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date