

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90027 007 \*\*\*\*55.00

DOCUMENT # L04000076543

1. Entity Name

SOUTHEAST COATINGS LLC



Principal Place of Business

Mailing Address

21914 BELGRADE  
#4  
PANAMA CITY BEACH FL 32413  
US

21914 BELGRADE  
#4  
PANAMA CITY BEACH FL 32413  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

21909 Belgrade Ave  
Suite, Apt. #, etc.

21909 Belgrade Ave  
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

Panama City Beh

Zip  
FL

Country

32413 Bay

City & State

Panama City Beh

Zip  
FL

Country

32413 Bay

4. FEI Number

72-1563523

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALDEN, WILLIAM M  
21914 BELGRADE  
#4  
PANAMA CITY BEACH FL 32413

7. Name and Address of New Registered Agent

Name  
Walden William M.  
Street Address (P.O. Box Number is Not Acceptable)  
21909 Belgrade Ave  
Panama City Beh  
City  
FL Zip Code  
32413

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

*William M. Walden*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/07

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>WALDEN, WILLIAM<br>21914 BELGRADE #4<br>PANAMA CITY BEACH FL 32413 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | 21909 Belgrade Ave<br>Panama City Beach, FL 32413 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 606, Florida Statutes.

SIGNATURE:

*William M. Walden*

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

Date

4/13/07

Daytime Phone #