

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000094304

1. Entity Name
SOUTHEAST MECHANICAL CONTRACTORS, LLC



Principal Place of Business
**2120 S.W. 57TH TERRACE
HOLLYWOOD, FL 33023**

Mailing Address
**2120 S.W. 57TH TERRACE
HOLLYWOOD, FL 33023**



01112008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1153325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MANTEIGA, JOSEPH
2120 SW 57TH TERRACE
HOLLYWOOD, FL 33023**

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
MANTEIGA, JOSEPH PRES
2120 SW 57TH TERRACE
HOLLYWOOD, FL 33023**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
CATRON, WILLIAM L CEO
2120 SW 57TH TERRACE
HOLLYWOOD, FL 33023**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
BOWER, WILLIAM VP
2120 SW 57TH TERRACE
HOLLYWOOD, FL 33023**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
MACKLIN, ROBERT VP
2120 SW 57TH TERRACE
HOLLYWOOD, FL 33023**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000783193
01/16/08-80005-001 138.75

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #