

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012222

Entity Name: SOUTHEAST CONVEYOR, LLC

FILED  
Apr 28, 2008  
Secretary of State

## Current Principal Place of Business:

1401 FLIGHTLINE BLVD STE #1  
DELAND, FL 32724

## New Principal Place of Business:

4421 SCHILKE WAY  
124  
SANFORD, FL 32771

## Current Mailing Address:

1401 FLIGHTLINE BLVD STE #1  
DELAND, FL 32724

## New Mailing Address:

4421 SCHILKE WAY  
124  
SANFORD, FL 32771

FEI Number: 20-2285560

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALTERS-COOK, TAMYRA S  
1401 FLIGHTLINE BLVD. SUITE #1  
DELAND, FL 32724 US

## Name and Address of New Registered Agent:

WALTERS-COOK, TAMYRA S  
4421 SCHILKE WAY  
124  
SANFORD, FL 32771 US

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: TAMYRA WALTERS-COOK

04/28/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WALTERS-COOK, TAMYRA S  
Address: 3100 ILLINGWORTH AVENUE  
City-St-Zip: ORLANDO, FL 32806

Title: MGRM ( ) Delete  
Name: ALDERMAN, ROBERT A  
Address: 524 TRADEWINDS DRIVE  
City-St-Zip: DELTONA, FL 32738

## ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: TAMYRA WALTERS-COOK

MGRM

04/28/2008

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