

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000012222

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** SOUTHEAST CONVEYOR, LLC

**Current Principal Place of Business:**

4421 SCHILKE WAY  
124  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

4421 SCHILKE WAY  
124  
SANFORD, FL 32771

**New Mailing Address:**

**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  
4421 SCHILKE WAY  
124  
SANFORD, FL 32771 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  
**Name:** WALTERS-COOK, TAMYRA S  
**Address:** 3100 ILLINGWORTH AVENUE  
**City-St-Zip:** ORLANDO, FL 32806

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

I hereby 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

04/20/2010

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