## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Apr 05, 2006 8:00 am Secretary of State DOCUMENT # L05000020921 1. Entity Name 04-05-2006 90023 048 \*\*\*\*50.00 S.E.G., LLC Principal Place of Business Mailing Address 1030 N. U.S. HWY 1 1030 N. U.S. HWY 1 ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) 4. FEI Number 20-2393259 City & State Applied For City & State Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STRASSER, CHARLES L Street Address (P.O. Box Number is Not Acceptable) 1030 N. U.S. HWY 1 ORMOND BEACH FL 32174 Zip Code 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. Typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MBR TITLE ☐ Delete ☐ Change Addition CHARLES L. STRASSER, NAME NAME STREET ADDRESS 1030 N. US HWY 1 ORMOND BEACH, FL 32174 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby 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 608, Florida Statutes.

MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SI

**FILED**