

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # L05000053788

1. Entity Name
PROCORP SOUTHEAST, L.L.C.



Principal Place of Business
1709 W GROVELEAF AVENUE
PALM HARBOR, FL 34683 US

Mailing Address
1709 W GROVELEAF AVENUE
PALM HARBOR, FL 34683 US



02242007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2925806

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERT F. DIMARCO, C.P.A. PA
3444 EAST LAKE ROAD
SUITE 412
PALM HARBOR, FL 34685

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
MACKIN, GREG
27 HARBOR WOODS CIRCLE
SAFETY HARBOR, FL 34695

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
MACKIN, TED
1250 S PINELLAS AVENUE #505
TARPON SPRINGS, FL 34689

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
MACKIN, DICK
1709 W GROVELEAF AVENUE
PALM HARBOR, FL 34683

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000694640
04/17/07-80028-013 50.00

**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: *Dick Mackin*

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

4-4-07 727.787.0256

Date

Daytime Phone #