

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053788

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** PROCORP SOUTHEAST, L.L.C.

**Current Principal Place of Business:**

1709 W GROVELEAF AVENUE  
PALM HARBOR, FL 34683 US

**New Principal Place of Business:**

27 HARBOR WOODS CIRCLE  
SAFETY HARBOR, FL 34695 US

**Current Mailing Address:**

C/O GREG MACKIN  
27 HARBOR WOODS CIRCLE  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

27 HARBOR WOODS CIRCLE  
SAFETY HARBOR, FL 34695 US

**FEI Number:** 20-2925806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERT F. DIMARCO, C.P.A. PA  
3444 EAST LAKE ROAD  
SUITE 412  
PALM HARBOR, FL 34685 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: MGR ( ) Delete  
Name: MACKIN, GREG  
Address: 27 HARBOR WOODS CIRCLE  
City-St-Zip: SAFETY HARBOR, FL 34695 US

**ADDITIONS/CHANGES:**

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:** GREG MACKIN

MGR

04/30/2009

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