

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000061071**

1. Entity Name

SOUTHEAST STEEL ASSEMBLERS LLC



Principal Place of Business

1340 HWY 17 NORTH  
WAUCHULA FL 33873

Mailing Address

1340 HWY 17 NORTH  
WAUCHULA FL 33873



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-3020494

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JUDY, ED  
673 HART LAKE DR  
WINTER HAVEN FL 33884

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and fee (applicable)

(NOTE: Registered Agent's signature required when (re)registering)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME GINAS, JIM  
STREET ADDRESS 5330 LAKE BLUFF TERRACE  
CITY-ST-ZIP SANFORD FL 32771

TITLE ☐ Change ☐ Addition  
NAME U000000906805  
STREET ADDRESS 05/05/08-80013-004 138.75  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME HAAKINSON, SAM  
STREET ADDRESS 5961 13TH AVE N  
CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME JUDY, ED  
STREET ADDRESS 673 HART LAKE DR  
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME BERCZY, LES  
STREET ADDRESS 33501 CR44-B  
CITY-ST-ZIP EUSTIS FL 32736

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME WATT, WARREN  
STREET ADDRESS 5831 GOLDEN ROAD  
CITY-ST-ZIP SEBRING FL 33875

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME VAN DUSEN, PHILLIP  
STREET ADDRESS 11311 LAKE KATHERINE CIRCLE  
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby 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.

**SIGNATURE:**

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

Date

Daytime Phone #

*Ed Judy* Ed Judy 4-16-08