

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000080430

**FILED**  
**Jan 16, 2009**  
**Secretary of State**

**Entity Name:** SRE, LLC

**Current Principal Place of Business:**

1722 GARDEN VIEW STREET  
MASCOTTE, FL 34753 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 531  
MASCOTTE, FL 34753 US

**New Mailing Address:**

**FEI Number:** 20-3370452      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)

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

MULCAHY, ROBERT R ESQ  
1999 WEST COLONIAL DRIVE  
ORLANDO, FL 32804 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 ( ) Delete  
Name: SOLLEY, DONALD C  
Address: 1722 GARDEN VIEW ST  
City-St-Zip: MASCOTTE, FL 34753 US

Title: MGRM ( ) Delete  
Name: SOLLEY, SHERRY A  
Address: 1722 GARDEN VIEW ST  
City-St-Zip: MASCOTTE, FL 34753 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SHERRY A SOLLEY

MGRM

01/16/2009

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