## **2007 LIMITED LIABILITY COMPANY**

SIGNATURE:

ED OR PRINTED NAME OF

## Aug 23, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L06000037108 05-02-2007 90346 011 \*\*\*\*50.00 SOUTHEAST DISTRIBUTION, L.L.C. Principal Place of Business Mailing Address 66021347 300 S. FLORIDA AVENUE 300 S. FLORIDA AVENUE TARPON SPRINGS, FL TARPON SPRINGS, FL. 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 12949 Suite, Apt. #, etc. Suite, Apt. #, etc. 04302007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANTOUS, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 300 S. FLORIDA AVENUE TARPON SPRINGS, FL City Zip Code 8. The above named entity summits 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 reals 81,106 SIGNATURE gistered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM TITLE Change ☐ Addition ☐ Delete NAME ANTOUS, JEFFREY NAME STREET ADDRESS STREET ADDRESS 300 S. FLORIDA AVENUE CITY-ST-ZIP TARPON SPRINGS, FL 34689 CITY-ST-ZIP THILE MGRM TITLE ☐ Change ☐ Addition ANTOUS, JEFFREY NAME NAME STREET ADDRESS 255 WILLOW SPRINGS N. STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP MILFORD, CT 06776 ☐ Delete Change Change ☐ Addition TITLE TITLE BRAVERMAN, NORMAN NAME STREET ADDRESS 17A OLDE MISTICK VILLAGE STREET ADDRESS MYSTIC, CT 06355 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition MGRM TITLE TITLE POLITO, DAVID NAME NAME STREET ADDRESS 13021 PELICAN LANE UNIT B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MADEIRA BEACH, FL 33708 ☐ Change ☐ Addition TITLE MGRM TITLE POLITO, BEVERLY NAME NAME STREET ADDRESS STREET ADDRESS 13021 PELICAN LANE UNIT B CITY-ST-ZIP MADEIRA BEACH, FL 33708 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

Daytime Phone #

Tax:

Annual Report - 2007

Entity:

ATTACHMEN SOUTHEAST DISTRIBUTION, LLC

Tax ID:

04-3850173

## STATEMENT OF REASONABLE CAUSE

The President of the said entity hereby requests an abatement of penalty on the attached 2007 For Profit Corporation Annual Report based upon the following:

- 1. This entity was formed in 2006.
- 2. President filed Original Annual report timely and paid the required fee.
- 3. Both checks have cleared his bank.
- 4. President has another Entity that he filed at the same time.
- 5. President received the annual reports back for lack of a FEIN.
- 6. President completed the forms and returned them to the State.
- 7. State issued Notice of Intent to Dissolve on both LLC's.
- 8. State has since processed the other LLC, but not both.
- 9. President is filing a new form and hope that there is NO penalty for late filing as the paper work seems to have been lost somewhere along the filing and re-filing.

Under penalties of perjury, I declare that I have examined this information, and to the best of my knowledge and belief the facts stated herein are true and correct.

SOUTHEAST DISTRIBUTION, LLC	, ,
By: Ill lut	Date: \$/14/07
It's: MGL MBA	