

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 08, 2007 08:00 A
Secretary of State

DOCUMENT # L06000048909

1. Entity Name
SOUTHEAST MORTGAGE SERVICES LLC



Principal Place of Business
**SOUTHEAST MORTGAGE SERVICES LLC
428 N HALIFAX AVE
DAYTONA BEACH, FL 32118**

Mailing Address
**SOUTHEAST MORTGAGE SERVICES LLC
428 N HALIFAX AVE
DAYTONA BEACH, FL 32118**



04272007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-1004511

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STUMP, MICHAEL C
149 NORTHBROOK LANE
ORMOND BEACH, FL 32174**

**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

4/27/07

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

U00000762408
05/29/07-80007-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
STUMP, MICHAEL C
149 NORTHBROOK LANE
ORMOND BEACH, FL 32174**

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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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: 

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

Date

Daytime Phone #

4/27/07 (386) 255-3332