

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000077125

Entity Name: SOUTHEASTERN CLAIMS, LLC

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

481 TURKEY CREEK  
ALACHUA, FL 32615

**New Principal Place of Business:**

6767 NW 105TH. AVE.  
ALACHUA, FL 32615

**Current Mailing Address:**

481 TURKEY CREEK  
ALACHUA, FL 32615

**New Mailing Address:**

FEI Number: 22-3940536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BATES, ALLEN K  
481 TURKEY CREEK  
ALACHUA, FL 32615 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  
Name: BATES, ALLEN K  
Address: 481 TURKEY CREEK  
City-St-Zip: ALACHUA, FL 32615

Title: MGR  
Name: BATES, REBECCA A  
Address: 481 TURKEY CREEK  
City-St-Zip: ALACHUA, FL 32615

Title: S  
Name: BATES, ALLEN K  
Address: 481 TURKEY CREEK  
City-St-Zip: ALACHUA, FL 32615

Title: T  
Name: BATES, REBECCA A  
Address: 481 TURKEY CREEK  
City-St-Zip: ALACHUA, FL 32615

I hereby 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: ALLEN K. BATES

MGR

04/27/2011

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