

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000109713

**FILED**  
**Jan 24, 2010**  
**Secretary of State**

**Entity Name:** SOUTHEASTERN INTERIOR INSTALLATIONS, LLC

**Current Principal Place of Business:**

320 N. LAKE AVENUE  
TAVARES, FL 32778

**New Principal Place of Business:**

**Current Mailing Address:**

460 ROB ROY DRIVE  
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number:** 26-1322826

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PARRISH, JOHN R  
460 ROB ROY DRIVE  
CLERMONT, FL 34711 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  
Name: PARRISH, JOHN R  
Address: 460 ROB ROY DRIVE  
City-St-Zip: CLERMONT, FL 34711

Title: MGRM  
Name: PARRISH, PAMELA S  
Address: 460 ROB ROY DRIVE  
City-St-Zip: CLERMONT, FL 34711

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: PAMELA PARRISH

MGRM

01/24/2010

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