

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121401

FILED  
Apr 08, 2009  
Secretary of State

**Entity Name:** SOUTHEASTERN MITIGATION SOLUTIONS, L.L.C.

**Current Principal Place of Business:**

393 CENTERPOINTE CIRCLE, STE 1483  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

393 CENTERPOINTE CIRCLE, STE 1483  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:** 06-1831439

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DAWKINS, JANET E  
256 12TH AVE.  
LONGWOOD, FL 32750 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 ( ) Delete  
Name: DAWKINS, JANET E  
Address: 256 12TH AVE  
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM ( ) Delete  
Name: MULDREW, JAMES K  
Address: 10014 CREEK WATER BLVD.  
City-St-Zip: ORLANDO, FL 32825

Title: MGRM ( ) Delete  
Name: ROBERTS, LOYD T  
Address: 257 HUNTINGTON DRIVE  
City-St-Zip: DELAND, FL 32724

Title: MGRM ( ) Delete  
Name: SINN, VIRGINIA A  
Address: 312 14TH  
City-St-Zip: ST. AUGUSTINE, FL 32804

**ADDITIONS/CHANGES:**

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

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

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: JANET E. DAWKINS

MGR

04/08/2009

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