

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000111381

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** SOUTHEASTERN ASSET SERVICES, LLC

**Current Principal Place of Business:**

4124 W CARMEN STREET  
TAMPA, FL 33609

**New Principal Place of Business:**

3505 E. FRONTAGE ROAD  
SUITE 160  
TAMPA, FL 33607

**Current Mailing Address:**

4124 W CARMEN STREET  
TAMPA, FL 33609

**New Mailing Address:**

3505 E. FRONTAGE ROAD  
SUITE 160  
TAMPA, FL 33607

**FEI Number:** 26-3822094      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

NEWKIRK, MARK E  
4124 W CARMEN STREET  
TAMPA, FL 33609 US

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

NEWKIRK, MARK E  
3505 E. FRONTAGE ROAD  
SUITE 160  
TAMPA, FL 33607 US

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: \_\_\_\_\_

05/03/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** NEWKIRK, MARK E  
**Address:** 3505 E. FRONTAGE ROAD, SUITE 160  
**City-St-Zip:** TAMPA, FL 33607

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: MARK E. NEWKIRK

MM

05/03/2010

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