

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000111381

**FILED**  
**Mar 25, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

3902 HENDERSON BLVD., STE 206  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

3902 HENDERSON BLVD., STE 206  
TAMPA, FL 33629

**New Mailing Address:**

**FEI Number:** 26-3822094

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWKIRK, MARK E  
3505 E. FRONTAGE ROAD  
SUITE 160  
TAMPA, FL 33607 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:** NEWKIRK, MARK E  
**Address:** 3902 HENDERSON BLVD., STE 206  
**City-St-Zip:** TAMPA, FL 33629

**Title:** MGRM  
**Name:** NEWKIRK, THOMAS R  
**Address:** 3902 W. HENDERSON BLVD., SUITE 206  
**City-St-Zip:** TAMPA, FL 33629

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: THOMAS R NEWKIRK

MGRM

03/25/2011

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