

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000116206

**FILED**  
**Jun 04, 2011**  
**Secretary of State**

**Entity Name:** SOUTHEAST AWARD PROFESSIONALS LLC

**Current Principal Place of Business:**

1735 NE JACKSONVILLE RD  
OCALA, FL 34470 US

**New Principal Place of Business:**

**Current Mailing Address:**

1735 NE JACKSONVILLE RD  
OCALA, FL 34470 US

**New Mailing Address:**

**FEI Number:** 26-3915998

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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:** LAURA REGIER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HERSHBERGER, FLOYD  
**Address:** 1735 NE JACKSONVILLE RD  
**City-St-Zip:** OCALA, FL 34470 US

**Title:** MGRM  
**Name:** YOUNG, HAROLD  
**Address:** 1068 ARLINGTON RD N  
**City-St-Zip:** JACKSONVILLE, FL 32211 US

**Title:** MGRM  
**Name:** DWYER, LINDA  
**Address:** 102 BAILEY DRIVE  
**City-St-Zip:** NICEVILLE, FL 32578 US

**Title:** MGRM  
**Name:** HILL, TAMI  
**Address:** 4500 N. PALAFOX ST  
**City-St-Zip:** PENSACOLA, FL 32505 US

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:** FLOYD HERSHBERGER

VP

06/04/2011

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