	UNIFURM BUS			(00,		•		
1. Entity Nam	ne	0007177				LL FILED		
SOUTHEAST CAPITAL GROUP LLC					יום	SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business Mailing Address 3333 WEST COMMERCIAL BLVD SUITE 203 3333 WEST COMMERCIAL BLVD FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309-340					— OI	00 FEB 24 ANII: 39		
) 12 00 131 0 13 10 1 31 1 13 1	
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State		City & State Zip Country		4. FEIT	Number		Applied For Not Applicable	
Zíp	Country			lury		5. Certificate of Status Desired See Required 7. Name and Address of New Registered Agent		
	Name							
ANDZEL, RICHARD M 3333 WEST COMMERCIAL BLVD., SUITE 203				Street Address (P.O. Box Number is Not Acceptable)				
FORT LAU	JDERDALE FL 33309		City				FL Zip Co	de
9. The above	named entity submits this statement for	the purpose of changing its	rogietor	ad office or regist	torod agent	or both in the State of Flor		
SIGNATURE .	× MISh					2	17/00	
	Signature, typed for Med Hame of gist ped agent	not trie if applicable. (NOT	E: Registere	d Agent signature requi	red when reinstat		DATE	
		FILE No Make Check Pa		FEE IS \$50.00 o Department		m/3/2	100	
9.	MANAGING MEMBE	L ERS/MEMBERS	10.	<u></u>		ADDITIONS/	CHANGES	
TITLE NAME STREET ADDRESS	MGR AMDZEL, RICHARD M 3333 WEST COMMERCIAL BLVD.	□ Delata . SUITE 203	TITE! Nam Stre	ļ		5000031		□ Addition
CITY- ET- ZIP	FORT LAUDERDALE FL 33309		CITY	- ST- ZIP	<u></u>	*****	0001094 0.00 ****	
TITLE NAME STREET ADDRESS		Delete		ET ADDRESS			[] Change	Addition
TITLE NAME		- Delete	TITLE	l			Charge	Addition
STREET ADDRESS City-St-Zip				ET ADDRESS - \$T-ZIP				
TITLE NAME STREET ADDRESS		Octobs	TITU NAM STRE				Change	Addition
CITY- ST- ZIP			CITY	- 8T- ZIP			Change	Addition
MAME STREET ADDRESS	``````````````````````````````````````			E Et adoress - St-Zip				
CITY-81-ZIP TITLE WARE		Delista Delista	TITU				☐ Change	Addition
STREET ADDRESS			CITY	ET ADDRESS - ST- ZIP				
indicated	certify that the information supplied with I on this report is true and accurate and ibility company or the receiver or trustee	that my signature shall have	the same	e legal effect as i	f made unde	roath; that I am a managi	further certify that the ng member or manag	information per of the
SIGNAT	URE: SIGNATURE AND THEO OR PRIN	TED HAVE OF SIGNING MANAGING	MEMBER O	DR MANAGER	. .	2/1/8C	Daytime Phone #	