


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90112 004 \*\*\*138.75

<b>DOCUMENT # M06000002666</b>		
1. Entity Name SE CIVIL, LLC		

Principal Place of Business 28225 N. MAIN STREET, SUITE J DAPHNE, AL 36526	Mailing Address 28225 N. MAIN STREET, SUITE J DAPHNE, AL 36526
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50003497

2. Principal Place of Business - No P.O. Box # 412-B Fairhope Ave	3. Mailing Address 412-B Fairhope Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01112008 Chg-LLC CR2E083 (12/06)

City & State Fairhope AL	City & State Fairhope AL	4. FEI Number 20-2595046	Applied For Not Applicable
Zip 36532	Country USA	Zip 36532	Country USA

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BLACKLEY, RODNEY G 7604 BEACH DRIVE PANAMA CITY BEACH, FL 32408	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, THOMAS LARRY 28225 N. MAIN STREET, SUITE J DAPHNE, AL 36526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, THOMAS LARRY 412-B Fairhope Ave Fairhope AL 36532 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 Larry Smith 1/10/08 251 990 6566  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #