

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003153

FILED
Aug 24, 2009
Secretary of State

Entity Name: SE DEVELOPMENT SERVICES, LLC

Current Principal Place of Business:

1280-B PONCE DE LEON BLVD. NORTH
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

1280-B PONCE DE LEON BLVD. NORTH
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 26-2884678 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:

Name and Address of New Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE, SUITE A
TALLAHASSEE, FL 32301 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DAVIES, GARY
Address: 3735-B BEAM ROAD
City-St-Zip: CHARLOTTE, NC 28217

Title: MGRM () Delete
Name: HILL, DAVID
Address: 3735-B BEAM ROAD
City-St-Zip: CHARLOTTE, NC 28217

Title: MGRM () Delete
Name: ALLEN, WILLIAM
Address: 3735-B BEAM ROAD
City-St-Zip: CHARLOTTE, NC 28217

Title: MGRM () Delete
Name: DAVENPORT, KEVIN
Address: P.O. BOX 1012
City-St-Zip: FLAGLER BEACH, FL 32136

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DAVID P HILL

MGRM

08/24/2009

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