

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000001090

**FILED**  
**Mar 25, 2012**  
**Secretary of State**

**Entity Name:** SOUTHEASTERN VISUALS, LLC

**Current Principal Place of Business:**

7 W SQUARE LAKE RD  
BLOOMFIELD HILLS, MI 48302

**New Principal Place of Business:**

7 W SQUARE LAKE RD  
BLOOMFIELD HILLS, MI 48302 UN

**Current Mailing Address:**

7 W SQUARE LAKE RD  
BLOOMFIELD HILLS, MI 48302

**New Mailing Address:**

**FEI Number:** 26-4335700

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OLSAFSKY, JAMIE MS.  
5110 UNIVERSITY BLVD WEST  
JACKSONVILLE, FL 32216 US

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

RODRIGUEZ, MIGUEL MS.  
5110 UNIVERSITY BLVD WEST  
JACKSONVILLE, FL 32216 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: MIGUEL RODRIGUEZ

03/25/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OLSAFSKY, JAMES J  
Address: 6300 COMMERCE DR  
City-St-Zip: WESTLAND, MI 48185

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: JAMES J OLSAFSKY

MGRM

03/25/2012

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