

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000069596

Entity Name: SOUTHEASTERN CHILLER OF MIAMI, INC.**Current Principal Place of Business:**3800 NW 126 AVENUE
CORAL SPRINGS, FL 33065**Current Mailing Address:**3800 NW 126 AVENUE
CORAL SPRINGS, FL 33065 US**FEI Number: 65-0441324****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MURPHY, TOM N. JR.
150 EAST PALMETTO PARK ROAD
SUITE 500
BOCA RATON, FL 33432 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**Officer/Director Detail :**

Title	DT, TREASURER
Name	MEANS, KATHRYN
Address	4347 NW 73 WAY
City-State-Zip:	CORAL SPRINGS FL 33065

Title	DP
Name	MEANS, LAURENCE
Address	4347 NW 73RD WAY
City-State-Zip:	CORAL SPRGS FL 33065

Title	DVP
Name	DALTON, JAMES
Address	143 TCHEFUNCTA SOUTH DRIVE
City-State-Zip:	COVINGTON LA 70433

Title	DS.
Name	LAROCHE, PHILIP
Address	8331SW 29TH STREET
City-State-Zip:	MIAMI FL 33155

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAURENCE MEANS**PRESIDENT****02/06/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date