

**2013 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**

**01/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date