

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000115575

**Entity Name:** SOUTHEAST RESIDENTIAL RECOVERY FUND VI, LLC

**Current Principal Place of Business:**

3250 MARY STREET  
SUITE 306  
MIAMI, FL 33133

**FILED**  
**Mar 23, 2015**  
**Secretary of State**  
**CC3967744954**

**Current Mailing Address:**

3250 MARY STREET  
SUITE 306  
MIAMI, FL 33133 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: Yes**

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

CASALINO, GREGG M ESQ.  
3111 CARDINAL DRIVE  
VERO BEACH, FL 32963 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

**Authorized Person(s) Detail :**

Title	MGR	Title	MBR
Name	STYLES LPR VI, LLC	Name	STYLES LPR VI, LLC
Address	3250 MARY STREET, SUITE 306	Address	3250 MARY STREET, SUITE 306
City-State-Zip:	VERO BEACH FL 33133	City-State-Zip:	VERO BEACH FL 33133

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: STYLES LPR VI, LLC**

**MANAGER**

**03/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date