

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000169076

**Entity Name:** SOUTHEAST PALM LLC

**Current Principal Place of Business:**

56037 BLUE CREEK RD  
ASTOR, FL 32102

**Current Mailing Address:**

PO BOX 1130  
PIERSON, FL 32180

**FEI Number:** 47-4389066

**Certificate of Status Desired:** No

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

SOWELL, THOMAS E  
56037 BLUE CREEK RD  
ASTOR, FL 32102 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	AMBR	Title	AMBR
Name	SOWELL, THOMAS E	Name	DEANE, CRYSTAL L
Address	56037 BLUE CREEK RD	Address	56037 BLUE CREEK RD
City-State-Zip:	ASTOR FL 32102	City-State-Zip:	ASTOR FL 32102

*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:** THOMAS SOWELL

AMBR

03/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date