

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000004084

**Entity Name:** SEALAND MECHANICAL, L.L.C.

**Current Principal Place of Business:**

1747 GRAND CAILLOU ROAD  
HOUMA, LA 70363

**Current Mailing Address:**

1747 GRAND CAILLOU ROAD  
HOUMA, LA 70363

**FEI Number:** 94-3423292

**Certificate of Status Desired:** No

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

AUSTIN, DIONNE C.  
16201 EAST MAIN  
CUT OFF, FL 70345 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:** DIONNE C. AUSTIN

01/15/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                        |                 |                           |
|-----------------|------------------------|-----------------|---------------------------|
| Title           | MGR                    | Title           | AUTHORIZED REPRESENTATIVE |
| Name            | CHOUEST, DINO          | Name            | AUSTIN, DIONNE            |
| Address         | 16201 EAST MAIN STREET | Address         | 16201 EAST MAIN           |
| City-State-Zip: | CUT OFF LA 70345       | City-State-Zip: | CUT OFF LA 70345          |

|                 |                           |
|-----------------|---------------------------|
| Title           | AUTHORIZED REPRESENTATIVE |
| Name            | MATHERNE, RACHEAL         |
| Address         | 16201 EAST MAIN           |
| City-State-Zip: | CUT OFF LA 70345          |

*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:** RACHEAL MATHERNE

**AUTHORIZED  
REPRESENTATIVE**

01/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date