

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000000247

**Entity Name:** SOUTHEAST CAPITAL, LLC

**Current Principal Place of Business:**

405 S DALE MABRY HWY  
STE 128  
TAMPA, FL 33609

**Current Mailing Address:**

6300 SAGEWOOD DR  
H-117  
PARK CITY, UT 84098 US

**FEI Number:** 20-5890912

**Certificate of Status Desired:** No

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

COCKEY, PRESTON OJR  
110 E MADISON ST, SUITE 204  
TAMPA, FL 33602 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	MANAGER
Name	SCAGLIONE, BASIL N	Name	SCAGLIONE, MEGAN T
Address	405 S DALE MABRY HWY STE 128	Address	6300 SAGEWOOD DR STE H117
City-State-Zip:	TAMPA FL 33609	City-State-Zip:	PARK CITY UT 84098

*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:** MEGAN T. SCAGLIONE

**MANAGER**

**02/20/2017**

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

\_\_\_\_\_  
Date