

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90016 048 \*\*\*\*\*50.00

**DOCUMENT # L03000028693**

1. Entity Name

**SEIS INVESTMENTS, LLC**



Principal Place of Business

**2164 15TH CIRCLE NORTH  
ST. PETERSBURG FL 33713**

Mailing Address

**2164 15TH CIRCLE NORTH  
ST. PETERSBURG FL 33713**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**20-0482371**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEPUGH, R.V.  
2164 15TH CIRCLE NORTH  
ST. PETERSBURG FL 33713**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | <b>MGRM</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>DEPUGH, R.V.</b>            |                                 |
| STREET ADDRESS | <b>2164 15TH CIRCLE NORTH</b>  |                                 |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL 33713</b> |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |

10. ADDITIONS/CHANGES

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          | <b>MGR</b>                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>JOHN R. LESTINI</b>          |  |
| STREET ADDRESS | <b>2164-15 CIRCLE NORTH</b>     |  |
| CITY-ST-ZIP    | <b>ST. PETERSBURG, FL 33713</b> |  |
| TITLE          | <b>MGR</b>                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | <b>WERNER KOESTER</b>           |  |
| STREET ADDRESS | <b>700 CENTRAL AVENUE #700</b>  |  |
| CITY-ST-ZIP    | <b>ST. PETERSBURG, FL 33713</b> |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**mgrm**

**2/23/05**