

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90204 037 ****50.00

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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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022007

Chg-LLC

CR2E083 (12/06)

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

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **DEPUGH, R.V.**
STREET ADDRESS **2164 15TH CIRCLE NORTH**
CITY-ST-ZIP **ST. PETERSBURG, FL 33713**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **LESTINI, JOHN R**
STREET ADDRESS **2164-15 CIRCLE NORTH**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33713**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **725-34 AVE NE**
CITY-ST-ZIP **St. Petersburg, FL 33704**

TITLE **MGR** ☐ Delete
NAME **KOESTER, WERNER**
STREET ADDRESS **700 CENTRAL AVENUE #700**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33713**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FEB 18 2007

Date

Daytime Phone #