

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000028815**

1. Entity Name  
**SEIFRIEDS 3, LLC**



Principal Place of Business

**3816 AUTUMN DRIVE  
HURON, OH 44839**

Mailing Address

**3816 AUTUMN DRIVE  
HURON, OH 44839**



02242008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**41-2122530**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CLASP INC.  
3001 TAMiami TRAIL NORTH, 4TH FLOOR  
NAPLES, FL 34103**

**DO NOT WRITE  
IN THIS SPACE**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SEIFRIED, F. STANLEY  
1883 GRANDVIEW DRIVE  
OAKLAND, CA 94618**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BRANSKY, PHYLLIS  
3816 AUTUMN DRIVE  
HURON, OH 44839**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LUZIO, ELIZABETH  
8 GAINSBOROUGH COURT  
MANALAPAN, NJ 07728**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000853581  
03/25/08-80074-016 138.75

**DO NOT WRITE  
IN THIS SPACE**

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 606, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

Date

Daytime Phone #

**3/6/08**

**419-627-0125**