


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # L05000107818 1. Entity Name SEYBOLD & GALVIN LLC	
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Principal Place of Business 400 N. NEW YORK AVE., SUITE 108 WINTER PARK, FL 32789	Mailing Address P.O. BOX 508 WINTER PARK, FL 32790
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DO NOT WRITE IN THIS SPACE



04142008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 51-0564409	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SEYBOLD, NICOLE H I E R S
400 N. NEW YORK AVE., SUITE 108
WINTER PARK, FL 32789**

**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 *N Seybold* Nicole Hiers Seybold 04-14-08
Signature, typed or printed name of registered agent and title 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

U000000901481
04/29/08-80070-007 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEYBOLD, NICOLE H I E R S 400 N. NEW YORK AVE., SUITE 108 WINTER PARK, FL 32789
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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 608, Florida Statutes.

SIGNATURE: *N Seybold* Nicole Hiers Seybold 04-14-08 407-294-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #