

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000000428

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Entity Name:** SEMINOLE HOLDINGS GROUP LLC

**Current Principal Place of Business:**

455 NORTH INDIAN ROCKS PASS, SUITE B  
BELLEAIR BLUFFS, FL 33770

**New Principal Place of Business:**

455 NORTH INDIAN ROCKS ROAD  
SUITE B  
BELLEAIR BLUFFS, FL 33770

**Current Mailing Address:**

455 NORTH INDIAN ROCKS PASS, SUITE B  
BELLEAIR BLUFFS, FL 33770

**New Mailing Address:**

455 NORTH INDIAN ROCKS ROAD  
SUITE B  
BELLEAIR BLUFFS, FL 33770

**FEI Number:** 26-3911982

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEPPI, MYRA S  
516 LAKEVIEW ROAD, VILLA III  
CLEARWATER, FL 33756 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** BANKS, ROBERT J  
**Address:** 516 LAKEVIEW ROAD, VILLA III  
**City-St-Zip:** CLEARWATER, FL 33756

**Title:** MGR  
**Name:** CAMPBELL, RONALD J  
**Address:** 455 NORTH INDIAN ROCKS ROAD, SUITE B  
**City-St-Zip:** BELLEAIR BLUFFS, FL 33770

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** ROBERT J. BANKS

MGR

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date