

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000000893

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** SEMINOLE ADVISORY SERVICES LLC

**Current Principal Place of Business:**

455 N. INDIAN ROCKS RD SUITE B  
BELLEAIR BLUFFS, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

455 N. INDIAN ROCKS RD SUITE B  
BELLEAIR BLUFFS, FL 33770

**New Mailing Address:**

FEI Number: 26-3912061

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEPPI, MYRA  
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

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

04/14/2011

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