

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000028693 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
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 DEPUGH, R.V. 2164 15TH CIRCLE NORTH ST. PETERSBURG FL 33713				7. Name and Address of New Registered Agent 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 resigning)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEPUGH, R.V. 2164 15TH CIRCLE NORTH ST. PETERSBURG FL 33713	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LESTINI, JOHN R 2164-15 CIRCLE NORTH SAINT PETERSBURG FL 33713	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOESTER, WERNER 700 CENTRAL AVENUE #700 SAINT PETERSBURG FL 33713	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			



1st MOORE CR2E083 (10/05)

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

[Handwritten Signature] *[Handwritten Date: 4/14/06]*