

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 19, 2007 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



01152007No Chg-LLC

CR2E083 (11/05)

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

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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 reappointing)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

U000000593106
01/22/07-80019-001 50.00

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGR
LUZIO, ELIZABETH
6 GAINSBOROUGH COURT
MANALAPAN, NJ 07726

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**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 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

01/16/07

419-627-4670