


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000019780**


1. Entity Name  
**SEIFERTMILLER, LLC**



Principal Place of Business      Mailing Address

**401 WEST COLONIAL DRIVE, SUITE 6**      **401 WEST COLONIAL DRIVE, SUITE 6**  
**ORLANDO, FL 32802**      **ORLANDO, FL 32802**

**DO NOT WRITE IN THIS SPACE**



01282008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>59-3755222</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SEIFERT, SCOTT P**  
**401 WEST COLONIAL DRIVE, SUITE 6**  
**ORLANDO, FL 32802**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000830537  
 02/26/08-90087-019 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGR</b> <b>SEIFERT, SCOTT P</b> <b>401 WEST COLONIAL DRIVE, SUITE 6</b> <b>ORLANDO, FL 32802</b>
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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:** \_\_\_\_\_ **2/13/08 (407) 423-0008**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #