

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000031990

FILED
Apr 17, 2009
Secretary of State

Entity Name: SEGER LLC

Current Principal Place of Business:

3707 ANDOVER CAY BLVD
ORLANDO, FL 32825 US

New Principal Place of Business:

5875 SUNDOWN CIR
1124
ORLANDO, FL 32822 US

Current Mailing Address:

3707 ANDOVER CAY BLVD
ORLANDO, FL 32825 US

New Mailing Address:

5875 SUNDOWN CIR
1124
ORLANDO, FL 32822 US

FEI Number: 26-2285760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEGER, WESLEY W
3707 ANDOVER CAY BLVD
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

SEGER, WESLEY W
5875 SUNDOWN CIR
1124
ORLANDO, FL 32822 US

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: WESLEY S SEGER

04/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SEGER, WESLEY
Address: 3707 ANDOVER CAY BLVD.
City-St-Zip: ORLANDO, FL 32825 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SEGER, WESLEY W
Address: 5875 SUNDOWN CIR APT 1124
City-St-Zip: ORLANDO, FL 32822 US

Title: MGR () Change (X) Addition
Name: THRESHER, CHARLES
Address: 5970 HIBISCUS RD
City-St-Zip: ORLANDO, FL 32807 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: WESLEY W SEGER

MGR

04/17/2009

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