

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000014210

Entity Name: SEVIYA SERVICES, LLC

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

5950 LAKEHURST DRIVE, STE. 204  
ORLANDO, FL 32819

## New Principal Place of Business:

5950 LAKEHURST DRIVE,  
STE. 204  
ORLANDO, FL 32819

## Current Mailing Address:

5950 LAKEHURST DRIVE, STE. 204  
ORLANDO, FL 32819

## New Mailing Address:

5950 LAKEHURST DRIVE,  
STE. 204  
ORLANDO, FL 32819

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

LARSON ACCOUNTING SERVICES LLC  
8818 COMMODITY CIRCLE, STE. 40  
ORLANDO, FL 32819 US

## Name and Address of New Registered Agent:

LARSON ACCOUNTING SERVICES LLC  
8810 COMMODITY CIRCLE, STE. 17  
ORLANDO, FL 32819 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: CAROLINE LARSON

05/01/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LALOR, ROSALVO JR.  
Address: 6123 DONEGAL DR.  
City-St-Zip: ORLANDO, FL 32819

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROSALVO LALOR JR

MGR

05/01/2009

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