

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000003997**

1. Entity Name  
**SEMPASTICS, L.L.C.**



Principal Place of Business  
**724 FENTRESS BOULEVARD  
DAYTONA BEACH, FL 32114**

Mailing Address  
**724 FENTRESS BOULEVARD  
DAYTONA BEACH, FL 32114**



06082005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3677141**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**WILLIS, GEORGE D  
724 FENTRESS BOULEVARD  
DAYTONA BEACH, FL 32114**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE, Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

U000000369356  
06/10/05-80004-006 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SMITH, J. GREGORY  
724 FENTRESS BOULEVARD  
DAYTONA BEACH, FL 32114**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WILLIS, GEORGE A  
23 TOMOKE COVE WAY  
ORMOND BEACH, FL 32174**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CARROZZA, ROB  
724 FENTRESS BLVD  
DAYTONA BEACH, FL 32114**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
EASTER, WILLIAM  
724 FENTRESS BLVD  
DAYTONA BEACH, FL 32114**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** Kennie Willis Kennie Willis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6/8/05

Date

386-673-1048

Daytime Phone #