

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007460

FILED  
Jul 02, 2004  
Secretary of State

**Entity Name:** SEVINTUNA & SEVINTUNA, LLC

**Current Principal Place of Business:**

315 SOUTH HYDE PARK AVENUE  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

315 SOUTH HYDE PARK AVENUE  
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number:** 59-3037613

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLER, RANDELL M  
315 SOUTH HYDE PARK AVENUE  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: SEVINTUNA, NEIL  
Address: 3041 FAYE RD.  
City-St-Zip: JACKSONVILLE, FL 32226

Title: VP ( ) Delete  
Name: AVASEVINTUNA,  
Address: 3041 FAYE RD.  
City-St-Zip: JACKSONVILLE, FL 32226

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SEVINTUNA, NEIL  
Address: 3041 FAYE RD.  
City-St-Zip: JACKSONVILLE, FL 32226

Title: MGR (X) Change ( ) Addition  
Name: SEVINTUNA, AVA  
Address: 3041 FAYE RD.  
City-St-Zip: JACKSONVILLE, FL 32226

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: AVA SEVINTUNA

MGR

07/02/2004

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