

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000008815

1. Entity Name

SEDA ENVIRONMENTAL, L.L.C.



Principal Place of Business

5565-F 64TH WAY NORTH
ST. PETERSBURG FL 33709
US

Mailing Address

C/O R. PIETROMONACO
2111 WESTCHESTER WAY
THE VILLAGES FL 32159
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

59-3659831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOPPE, JOHN D
PETERSON & MYERS, P.A.
225 E. LEMON STREET ST. 300
LAKELAND FL 33801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P ☐ Delete
NAME DAGN, JOSEF
STREET ADDRESS SCHWENDTER STR. 10
CITY- ST- ZIP KOSEN TIROL AUSTRIA A6345

TITLE ☐ Change ☐ Addition
NAME U00000622488
STREET ADDRESS 02/13/07-80027-022 50.00
CITY- ST- ZIP

TITLE VTS ☐ Delete
NAME PIETROMONACO, ROSEMARIE
STREET ADDRESS 2111 WESTCHESTER WAY
CITY- ST- ZIP THE VILLAGE FL 32162

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Rosemarie Pietromonaco 2/1/07 352-638-3789