## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L03000001960** 

1. Entity Name
SEVA TECHNOLOGIES LLC



FILED Feb 08, 2008 08:00 AN Secretary of State

Principal Place of Business

1618 MAHAN CENTER BLVD

SUITE 102

TALLAHASSEE, FL 32308

Mailing Address

1618 MAHAN CENTER BLVD

**SUITE 102** 

TALLAHASSEE, FL 32308



02052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For 37-1456390 Not Applied For Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

6. Name and Address of Current Registered Agent

BARCLAY, JAMES M 215 SOUTH MONROE STREET, SUITE 815 TALLAHASSEE, FL 32301 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

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	TILLMAN, JAMES P
STREET ADDRESS	2312 NAPOLEON BONAPARTE DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	MGRM
NAME	CUSHARD, TODD W
STREET ADDRESS	151 DUNCAN DRIVE
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	MGRM
NAME	OJILI, REDDY
STREET ADDRESS	9250 SHADY CREST LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	MGRM
NAME	VERMA, SUNIL
STREET ADDRESS	1208 GREENSWARD DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	MGRM
NAME	FAUBLE, JASON
STREET ADDRESS	3400 MURDOCK MARTIN LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	MGRM
NAME	O'DONNELL, DANIEL
STREET ADDRESS	1290 CORDOVA CIRCLE
CITY-ST-ZIP	TALLAHASSEE, FL 32317

/s/nU000000820740\*\*\*\*\*\*\*\*\*\* .02/18/08-80041-002:138:75

DO NOT WRITE

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

- 211

2/5/01

550-291-4832