2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# L03000001960

Entity Name: SEVA TECHNOLOGIES LLC

Current Principal Place of Business:

1618 MAHAN CENTER BLVD
SUITE 102
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1618 MAHAN CENTER BLVD
SUITE 102
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 37-1456390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUNIL, VERMA
1618 MAHAN CENTER BLVD., SUITE 102
TALLAHASSEE, FL 32308 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/MANAGERS:

Title: MGRM ( ) Delete
Name: SUNIL, VERMA
Address: 1208 GREENSWARD DRIVE
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: MGRM ( ) Delete
Name: OJILI, REDDY
Address: 9260 SHADY CREST LANE
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: MGRM ( ) Delete
Name: FAUBLE, JASON
Address: 3400 MURDOCK MARTIN LANE
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: MGRM ( ) Delete
Name: O'DONNELL, DANIEL
Address: 1290 CORDOVA CIRCLE
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LOVELEEN, VERMA
Address: 1208 GREENSWARD DRIVE
City-St-Zip: TALLAHASSEE, FL 32312 US

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

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

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: SUNILVERMA DIR 03/02/2009

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