## 2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# L03000001960

Entity Name: SEVA TECHNOLOGIES LLC

( ) Delete

O'DONNELL, DANIEL

1290 CORDOVA CIRCLE

TALLAHASSEE, FL 32317

MGRM

Title:

Name:

Address:

City-St-Zip:

FILED Jun 02, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1618 MAHAN CENTER BLVD SUITE 102 TALLAHASSEE, FL 32308 **Current Mailing Address: New Mailing Address:** 1618 MAHAN CENTER BLVD SUITE 102 TALLAHASSEE, FL 32308 FEI Number: 37-1456390 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SUNIL, VERMA 1618 MAHAN CENTER BLVD., SUITE 102 TALLAHASSEE, FL 32308 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: ADDITIONS/CHANGES: MGRM Title: () Delete MGRM (X) Change ( ) Addition LOVELEEN, VERMA Name: SUNIL, VERMA Name: 1208 GREENSWARD DRIVE Address: 1208 GREENSWARD DRIVE Address: City-St-Zip: TALLAHASSEE, FL 32312 US City-St-Zip: TALLAHASSEE, FL 32312 US Title: MGRM Title: ( ) Delete () Change () Addition Name: OJILI, REDDY Name: Address: 9260 SHADY CREST LANE Address: City-St-Zip: TALLAHASSEE, FL 32312 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition FAUBLE, JASON Name: Name: Address: 3400 MURDOCK MARTIN LANE Address: City-St-Zip: TALLAHASSEE, FL 32317 US 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: SUNIL VERMA MGRM 06/02/2009