

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012170

Entity Name: LOPEZ & SEIFERTH, LLC

FILED  
Jan 11, 2005  
Secretary of State

## Current Principal Place of Business:

790 DUNLAWTON AVE STE J  
PONCE INLET, FL 32127

## New Principal Place of Business:

790 DUNLAWTON AVE STE J  
PORT ORANGE, FL 32127

## Current Mailing Address:

790 DUNLAWTON AVE STE J  
PONCE INLET, FL 32127

## New Mailing Address:

790 DUNLAWTON AVE STE J  
PORT ORANGE, FL 32127

FEI Number: 32-0079103

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOPEZ, DAWN M  
4016 ORIOLE AVENUE  
PONCE INLET, FL 32127 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: MGRM ( ) Delete  
Name: LOPEZ, DAWN  
Address: 4016 ORIOLE AVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM ( ) Delete  
Name: JEIFERTRH, JANICE  
Address: 4750 HAELIFOX DR.  
City-St-Zip: PORT ORANGE, FL 32127

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: LOPEZ, DAWN  
Address: 4016 ORIOLE AVE  
City-St-Zip: PONCE INLET, FL 32127

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

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: DAWN LOPEZ

MGRM

01/11/2005

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