

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000013622**

1. Entity Name  
**SETON - MT. DORA, LLC**



Principal Place of Business

**121 SHIRLEY ROAD  
SYRACUSE, NY 13224**

Mailing Address

**121 SHIRLEY ROAD  
SYRACUSE, NY 13224**

**DO NOT WRITE IN THIS SPACE**



03052007No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**38-3678891**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SULLIVAN, JAMES R  
6040 S.W. 18TH STREET  
PLANTATION, FL 33317**

**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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	BERGER, ROBERT J
STREET ADDRESS	121 SHIRLEY RD.
CITY-ST-ZIP	SYRACUSE, NY 13224
TITLE	MGRM
NAME	ELDRED, KEVIN W
STREET ADDRESS	1007 OVERLOOK TERRACE
CITY-ST-ZIP	CAZENOVIA, NY 13035
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000680744  
03/20/07-80012-024 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 606, Florida Statutes.

**SIGNATURE:**

*Robert J Berger*

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

3/5/07

Date

315-446-2713

Daytime Phone #