

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000028815

Entity Name
SEIFRIEDS 3, LLC



Principal Place of Business
3816 AUTUMN DRIVE
HURON, OH 44839

Mailing Address
3816 AUTUMN DRIVE
HURON, OH 44839

FILED
Jan 23, 2006 08:00 AM
Secretary of State



01152006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2122530

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLASP INC.
1001 TAMiami TRAIL NORTH, 4TH FLOOR
NAPLES, FL 34103

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SEIFRIED, F. STANLEY
STREET ADDRESS	1883 GRANDVIEW DRIVE
CITY-ST-ZIP	OAKLAND, CA 94618
TITLE	MGR
NAME	BRANSKY, PHYLLIS
STREET ADDRESS	3816 AUTUMN DRIVE
CITY-ST-ZIP	HURON, OH 44839
TITLE	MGR
NAME	LUZIO, ELIZABETH
STREET ADDRESS	6 GAINSBOROUGH COURT
CITY-ST-ZIP	MANALAPAN, NJ 07726
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000398423
01/30/06-80093-025 50.00

**DO NOT WRITE
IN THIS SPACE**

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

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

1/16/06

Date

414-627-4670

Daytime Phone #