

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000035703**

1. Entity Name  
SEDRICK, L.L.C.



Principal Place of Business

309 PALMETTO ROAD  
BELLEAIR, FL 33756

Mailing Address

309 PALMETTO ROAD  
BELLEAIR, FL 33756

**DO NOT WRITE IN THIS SPACE**



01092006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-0303831

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SEDLACEK, LEROY V  
309 PALMETTO ROAD  
BELLEAIR, FL 33756

**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, 2006**

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SEDLACEK, LEROY V
STREET ADDRESS	309 PALMETTO RD
CITY - ST - ZIP	BELLEAIR, FL 33756
TITLE	MGRM
NAME	SEDLACEK, RICK
STREET ADDRESS	110 CRESTWOOD DR
CITY - ST - ZIP	SAFETY HARBOR, FL 34695
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000388897  
01/20/06-80021-016 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 608, Florida Statutes.

**SIGNATURE:** *[Signature]*

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

*Leroy V. Sedlacek* - 11-06

Date

Daytime Phone #

727-585-6983