

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041756

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Entity Name:** SEMINOLE FINANCIAL CENTRE, L.L.C.

**Current Principal Place of Business:**

8200 113TH STREET NORTH  
SUITE 201  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

8200 113TH STREET NORTH  
SUITE 201  
SEMINOLE, FL 33772 US

**New Mailing Address:**

**FEI Number:** 20-0359231      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOFSTRA, PETER T  
8640 SEMINOLE BOULEVARD  
SEMINOLE, FL 33772 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HARTSELLE, ART  
Address: 8200 113TH STREET NO, SUITE 201  
City-St-Zip: SEMINOLE, FL 33772

Title: MGRM ( ) Delete  
Name: SCARR, BARRY  
Address: 8200 113TH STREET NO, SUITE 202  
City-St-Zip: SEMINOLE, FL 33772 US

**ADDITIONS/CHANGES:**

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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.

SIGNATURE: ART HARTSELLE

MGRM

03/19/2009

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