

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90432 002 \*\*\*\*50.00

**DOCUMENT # L04000028401**

1. Entity Name  
SELA CO. LLC



Principal Place of Business  
1 POST ROAD  
APT. #304  
TORONTO, ON M3B3R-4 CA

Mailing Address  
C/O FRASER 14786 HORSESHOE TR.  
WELLINGTON, FL 33414 US

2. Principal Place of Business

3. Mailing Address

4433 10th AVE North



Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032005 Chg-LLC CR2E083 (10/03)

City & State

City & State  
LAKE WORTH FL

4. FEI Number  
20-0973367

Applied For  
Not Applicable

Zip

Country

Zip

Country

33461

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRASER, DUNCAN CPA  
14786 HORSESHOE TR.  
WELLINGTON, FL 33414

Name  
DUNCAN FRASER CPA

Street Address (P.O. Box Number is Not Acceptable)  
4433 10th AVE NORTH

City LAKE WORTH FL Zip Code 33461

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, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME SHNAIDER, EVSEI  
STREET ADDRESS 1 POST RD #304  
CITY-ST-ZIP TORONTO, ON M3B3R4

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/26/2005

Date

Daytime Phone #