

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082818

Entity Name: SANDERS SEAMLES LLC

FILED
Sep 07, 2005
Secretary of State

Current Principal Place of Business:

1475 ARKANSAS ST
NAVARRE BEACH, FL 32571 US

New Principal Place of Business:

1475 ARKANSAS ST
NAVARRE BEACH, FL 32566 US

Current Mailing Address:

1475 ARKANSAS ST
NAVARRE BEACH, FL 32571 US

New Mailing Address:

1475 ARKANSAS ST
NAVARRE BEACH, FL 32566 US

FEI Number: 20-1881310 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SANDERS, DAN
1475 ARKANSAS ST
NAVARRE BEACH, FL 32571 US

Name and Address of New Registered Agent:

SANDERS, DAN
1475 ARKANSAS ST
NAVARRE BEACH, FL 32566 US

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:

09/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SANDERS, DAN
Address: 1475 ARKANSAS ST
City-St-Zip: NAVARRE BEACH, FL 32571 US

Title: MGRM () Delete
Name: SANDERS, BRYAN
Address: 1475 ARKANSAS ST
City-St-Zip: NAVARRE BEACH, FL 32571 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 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 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: DANIEL SANDERS

OWNE

09/07/2005

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