

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000091905

1. Entity Name
SEFFNER PARSONS GROUP LLC



Principal Place of Business

**1301 BEVILLE ROAD
UNIT 7
DAYTONA, FL 32119**

Mailing Address

**1301 BEVILLE ROAD
UNIT 7
DAYTONA, FL 32119**

DO NOT WRITE IN THIS SPACE

01182006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
74-3142869

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AMENDOLAGINE, MARILYN
1301 BEVILLE ROAD
UNIT 7
DAYTONA, FL 32119**

**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**

000000403841
02/06/06-80023-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	AMENDOLAGINE, MICHAEL A
STREET ADDRESS	1301 BEVILLE ROAD UNIT 7
CITY-ST-ZIP	DAYTONA, FL 32119
TITLE	MGRM
NAME	AMENDOLAGINE, MARILYN
STREET ADDRESS	1301 BEVILLE ROAD UNIT 7
CITY-ST-ZIP	DAYTONA, FL 32119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Date

Daytime Phone #

Marilyn Amendolagine 1/23/06 386-322-0673