2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000091905

1. Entity Name
SEFFNER PARSONS GROUP LLC

Principal Place of Business	Mailing Address
1301 BEVILLE ROAD UNIT 7 DAYTONA, FL 32119	1301 BEVILLE ROAD UNIT 7 DAYTONA, FL 32119

DO NOT WRITE IN THIS SPACE

01162007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
74-3142869	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

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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, 2007

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

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02/13/07-80040-018 50.00

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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 _Marilyn Amendolagine_   1-17-07   386 322-0673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #