

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004033

Entity Name: SEAREY TECH, L.L.C.

FILED  
Jan 19, 2009  
Secretary of State

**Current Principal Place of Business:**

115 RIVER COVE LANE  
VERO BEACH, FL 32963

**New Principal Place of Business:**

**Current Mailing Address:**

1840 COBIA DRIVE  
VERO BEACH, FL 32960

**New Mailing Address:**

FEI Number: 37-1504774

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BERTMAN, LEE  
115 RIVERCOVE LANE  
VERO BEACH, FL 32963 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: BERTMAN, LEE  
Address: 115 RIVER COVE LANE  
City-St-Zip: VERO BEACH, FL 32963

Title: MGRM ( ) Delete  
Name: CASWELL, DAVID  
Address: 1840 COBIA DRIVE  
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM ( ) Delete  
Name: WATERS, ROBERT B  
Address: 740 ALBATROSS TERR  
City-St-Zip: SEBASTIAN, FL 32958

**ADDITIONS/CHANGES:**

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

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: DAVID CASWELL

MGRM

01/19/2009

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