

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # L05000055770

1. Entity Name
SEANNARA HOLDINGS, LLC



Principal Place of Business
**4701 N. FEDERAL HWY, BLDG. A-10
ATTN: I. LITZENBLATT
FORT LAUDERDALE, FL 33308 US**

Mailing Address
**4701 N. FEDERAL HWY, BLDG. A-10
ATTN: I. LITZENBLATT
FORT LAUDERDALE, FL 33308 US**



04112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2961167

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, DENNIS D ESQ.
C/O TRIPP SCOTT, P.A.
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33301**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000910027
05/06/08-80095-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LITZENBLATT, IRA
STREET ADDRESS	4701 N. FEDERAL HWY., BLDG. A-10
CITY- ST- ZIP	FORT LAUDERDALE, FL 33308

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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

Ira Litzenblatt

4/17/08

954-351-1100

Date

Daytime Phone #