2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# L05000062087

Entity Name: THE SEMOR COMPANY, LLC

Current Principal Place of Business:

8183 EAST CO. HWY 30-A
OLDE SEACREST BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 611527
ROSEMARY BEACH, FL 32461

New Mailing Address:

FEI Number: 20-3045406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PORATH, SHANNON L
56 SPIRES LANE
SUITE 16A
SANTA ROSA BEACH, FL 32459 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: ORR, SUSAN E
Address: P.O.BOX 611527
City-St-Zip: ROSEMARY BEACH, FL 32461

Title: MGRM ( ) Delete
Name: MORRIS, FLYNN D III
Address: P. O. BOX 611527
City-St-Zip: ROSEMARY BEACH, FL 32461

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: MORRIS, FLYNN D III
Address: P. O. BOX 611527
City-St-Zip: ROSEMARY BEACH, FL 32461

Title: MGRM ( ) Change (X) Addition
Name: MURPHY, KAREN O
Address: PO BOX 611527
City-St-Zip: ROSEMARY BEACH, FL 32461

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: KAREN O MURPHY MGRM 04/09/2008

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