

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90122 038 ****50.00

DOCUMENT # L05000081142

1. Entity Name

SETER COMPANY, LLC



601

Principal Place of Business

401 SORRENTO COURT
PUNTA GORDDA FL 33950

Mailing Address

401 SORRENTO COURT
PUNTA GORDDA FL 33950

2. Principal Place of Business - No P.O. Box #

Same

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

81-0678286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required -

6. Name and Address of Current Registered Agent

SETER, MILES A
401 SORRENTO COURT
PUNTA GORDDA FL 33950

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SETER, MILES A
401 SORRENTO COURT
PUNTA GORDDA FL 33950 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SETER, DEBORAH A
401 SORRENTO COURT
PUNTA GORDDA FL 33950 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/17/07 941505 5659
Date Daytime Phone #