


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L05000107818  
 1. Entity Name  
 SEYBOLD & GALVIN LLC



Principal Place of Business  
 400 N. NEW YORK AVE., SUITE 108  
 WINTER PARK, FL 32789

Mailing Address  
 P.O. BOX 508  
 WINTER PARK, FL 32790

**DO NOT WRITE IN THIS SPACE**



04142008No Chg-LLC CR2E083 (12/07)

4. FEI Number 51-0564409	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SEYBOLD, NICOLE HIERS  
 400 N. NEW YORK AVE., SUITE 108  
 WINTER PARK, FL 32789

**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 N Seybold Nicole Hiers Seybold 04-14-08  
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**

U00000901481  
 04/29/08-80070-007 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEYBOLD, NICOLE HIERS 400 N. NEW YORK AVE., SUITE 108 WINTER PARK, FL 32789
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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: N Seybold Nicole Hiers Seybold 04-14-08 407-294-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #