2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L05000115372

FILED Mar 24, 2006 8:00 am Secretary of State

NAME STRET ADDRESS CITY-ST-2P Delete TITLE NAME STRET ADDRESS CITY-ST-2P TITLE NAM	1. Entity Name SEAL PUBLI	SHING LLC	0072				03-24-2006 9	•		
Suite. Apt. #. etc. Suite, Apt. #. etc.	14611 MIDDLEFI	ELD LANE	14611 MIDDLEFIELD LA	INE						
City & State Country A. Certificate of Status Desired For Desired F	2. Principal Place	of Business	3. Mailing Address		<u>.</u>					
Post	Suite, Apt. #, etc. Suite, Apt. #, etc.			····		03062006	Chg-LLC	CR2E083	3 (11/05)	
2p Country 2p Country 2p Country 5. Certificate of Status Desired 55.00 Actitional Frequency 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of Name and Name 7. Name and Address of Name and Name 7. Name and Name 7. Name 2. Name 7. Name 2.	City & State		City & State	******		4. FEI Numbe	ัน ว 2 3 9 น	3	<u> </u>	
TATE: MARK T 212 S. MAGNOLIA AVE. TAMPA, FL 33556. City FL Zip Code The above named entity submits this statement for the purpose of champing its registrered agent, or both, in the State of Florida. I am familiar with, and accent the obligations of registrered agent, or both, in the State of Florida. I am familiar with, and accent the obligations of registrered agent. Filling Foe is \$50.00 pt. Phone or printed name of registrered agent and till 4 seociatie. Filling Foe is \$50.00 pt. Phone or printed name of registrered agent and till 4 seociatie. Filling Foe is \$50.00 pt. Phone or printed name of registrered agent and till 4 seociatie. Filling Foe is \$50.00 pt. Phone or printed name of registrered agent and till 4 seociatie. Filling Foe is \$50.00 pt. Phone or printed name of registrered agent and till 4 seociatie. Filling Foe is \$50.00 pt. Phone or printed name of registrered agent and till 4 seociatie. Filling Foe is \$50.00 pt. Phone or printed name of registrered agent and till 4 seociatie. Filling Foe is \$50.00 pt. Phone or printed name of registrered agent and till 4 seociatie. Filling Foe is \$50.00 pt. Phone or printed name of registrered agent and till 4 seociatie. Filling Foe is \$50.00 pt. Phone or printed name of registrered agent and till 5 seociatie. Filling Foe is \$50.00 pt. Phone or registrered agent and till 4 seociatie. Filling Foe is \$50.00 pt. Phone or registrered agent and till 4 seociatie. Filling Foe is \$50.00 pt. Phone or registrered agent and till 4 seociatie. Filling Foe is \$50.00 pt. Phone or registrered agent and till 4 seociatie. Filling Foe is \$50.00 pt. Phone or registrered agent and till 4 seociatie. Filling Foe is \$50.00 pt. Phone or registrered agent and till 4 seociatie. Filling Foe is \$50.00 pt. Phone or registrered agent and till 4 seociatie. Filling Foe is \$50.00 pt. Phone or registrered agent and till 4 seociatie. Filling Foe is \$50	Zlp	Country	Zip	Country		1	of Status Desired	□ \$	5.00 Add	itional
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Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33556 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 acceptable of produce of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of produces of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of produces of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of Floridas part and the floridas of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of Floridas part and the floridas part and				Nam	е				·	
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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 accent the obligations of registered agent. SIGNATURE Signature, lipsed or printed nems of registered agent. PACTE: Registered Agent agreets required when remaining DATE				City					Zip Code	
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SIGNATURE: Sherese C. Deal 5/0/06 015-2017M9	11. I hereby certifindicated on the	his report is true and accurate a	nd that my signature shall have t	CITY-ST-ZP the exemption he same legal	s contained effect as if r	made under oath	that I am a mana	further certify t aging member	hat the info or manage	rmation r of the