


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90099 037 ***138.75

DOCUMENT # L05000115372

1. Entity Name
SEAL PUBLISHING LLC




Principal Place of Business Mailing Address
14611 MIDDLEFIELD LANE **14611 MIDDLEFIELD LANE**
ODESSA, FL 33556 **ODESSA, FL 33556**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02212008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-4233943 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

TATE, MARK T
212 S. MAGNOLIA AVE.
TAMPA, FL 33556

7. Name and Address of New Registered Agent

Name
Therese C Seal

Street Address (P.O. Box Number is Not Acceptable)
14611 Middlefield Lane

City State Zip Code
Odessa **FL** *33556*

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 *Therese C Seal* DATE *2-26-08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	SEAL, THERESE C	14611 MIDDLE FIELD LN	ODESSA, FL 33556				

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 *Therese C Seal* DATE *2-26-08* DAYTIME PHONE # *813-229-7946*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #