

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000116488**



1. Entity Name  
**SECKMAN FIRE SPRINKLERS, LLC**

Principal Place of Business  
**2142 AIRPORT ROAD  
PLANT CITY, FL 33563**

Mailing Address  
**2142 AIRPORT ROAD  
PLANT CITY, FL 33563**



02142008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3895410</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**NORMAN, CHRISTOPHER H  
315 S. HYDE PARK AVENUE  
TAMPA, FL 33606**

**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 \_\_\_\_\_

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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SECKMAN, THOMAS H 11614 MONETTE RD RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, SHAN 38802 CENTENNIAL RD DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SECKMAN, MARTHA J 11614 MONETTE RD RIVERVIEW, FL 33569
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02/28/08-80033-014 143.75

**DO NOT WRITE  
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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 606, Florida Statutes.

**SIGNATURE:** *Martha J. Seckman* **MARTHA J. SECKMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*2-14-08*

Date

*813-752-2266*

Daytime Phone #