

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116488

FILED
Apr 29, 2009
Secretary of State

Entity Name: SECKMAN FIRE SPRINKLERS, LLC

Current Principal Place of Business:

2142 AIRPORT ROAD
PLANT CITY, FL 33563

New Principal Place of Business:

2412 AIRPORT ROAD
PLANT CITY, FL 33563

Current Mailing Address:

2142 AIRPORT ROAD
PLANT CITY, FL 33563

New Mailing Address:

2412 AIRPORT ROAD
PLANT CITY, FL 33563

FEI Number: 20-3895410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: SECKMAN, THOMAS H
Address: 11614 MONETTE RD
City-St-Zip: RIVERVIEW, FL 33569

Title: V () Delete
Name: SMITH, SHAN
Address: 38802 CENTENNIAL RD
City-St-Zip: DADE CITY, FL 33525

Title: ST () Delete
Name: SECKMAN, MARTHA J
Address: 11614 MONETTE RD
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARTHA J. SECKMAN

S/T

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date