2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Jul 10, 2008 8:00 am
Secretary of State
05-30-2008 90017 007 ***138.75

DOCUMENT # L06000013315

1. Entity Name
SEASPRAYREDUX, LLC

Principal Place of Business	Mailing Address
429 NORTH FRANKLIN STREET APT. #2-504 SYRACUSE NY 13204	429 NORTH FRANKLIN STREET APT. #2-504 SYRACUSE NY 13204

1st MOORE CR2E083 (10/07)

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

4. FEI Number 20-4281045 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 EAST PARK AVE.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name: JUDITH MOWER
Street Address (P.O. Box Number is Not Acceptable): LE BELLASARA, RESIDENCE #304
464 GOLDENGATE POINT
City: SARASOTA FL Zip Code: 34236

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.

X SIGNATURE Judith Mower 6/30/2008
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
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	MOWER, ERIC A	
STREET ADDRESS	429 NORTH FRANKLIN STREET	
CITY-ST-ZIP	SYRACUSE NY 13204	
TITLE	MGR	☐ Delete
NAME	MOWER, ERIC A	
STREET ADDRESS	464 GOLDENGATE POINT UNIT 304	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Hal Goodman Hal Goodman 4/30/08 (315) 413-4013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #