

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000057702

1. Entity Name
SEGA, LLC



Principal Place of Business
**1550 MADRUGA AVENUE
SUITE 240
CORAL GABLES, FL 33146**

Mailing Address
**1550 MADRUGA AVENUE
SUITE 240
CORAL GABLES, FL 33146 US**



01032008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5012186

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, PAUL A
1550 MADRUGA AVENUE
SUITE 240
CORAL GABLES, FL 33146**

**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**

U000000775726
01/08/08-30041-002 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ASES, LLC
STREET ADDRESS	7360 SW 24 ST., #34
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	MGRM
NAME	NOVUS FINANCIAL GROUP, INC.
STREET ADDRESS	1550 MADRUGA AVE., SUITE 240
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

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

Paul A. Garcia
Paul A. Garcia

1/8/08
Date

305-662-7313
Daytime Phone #