

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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FILED

Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000059443

1. Entity Name
SETH E. BELL, LLC



Principal Place of Business
**25471 SHORE DR.
PUNTA GORDA, FL 33950 US**

Mailing Address
**25471 SHORE DR.
PUNTA GORDA, FL 33950 US**



04242008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BELL, SETH E
25471 SHORE DR.
PUNTA GORDA, FL 33950**

**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 resigning)

DATE _____

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

U000000929807
05/21/08-80082-025 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BELL, SETH E 25471 SHORE DR. PUNTA GORDA, FL 33950
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**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 or empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: *SETH E. BELL* **SETH E. BELL**

4-24-08

941-639-4778

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

Date

Daytime Phone #