

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000066055

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: SEMORAN LLC

**Current Principal Place of Business:**

317 OAKHURST STREET  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

931 N. SR434  
SUITE 1201-350  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

931 N. SR434  
SUITE 1201-50  
ALTAMONTE SPRINGS, FL 32714

FEI Number: 87-0774839

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIMA, KENNETH J II  
317 OAKHURST STREET  
ALTAMONTE SPRINGS, FL 32701 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: MGRM ( ) Delete  
Name: SANTIAGO, ROSANGELA  
Address: 317 OAKHURST STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: MGRM ( ) Delete  
Name: LIMA, KENNETH J II  
Address: 317 OAKHURST STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

**ADDITIONS/CHANGES:**

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: /KENNETH LIMA II/

MGRM

04/30/2009

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