LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2008 8:00 am
Secretary of State
04-01-2008 90064 020 ****50.00
05-14-2008 90078 036 ***138.75

DOCUMENT # L06000076647

1. Entity Name

Seamus, LLC

DO NOT WRITE IN THIS SPACE

60040965

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2627 Redford Way	
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Wesley Chapel, FL	City & State
Zip: 33543-2736 / Country	Zip / Country

4. FEI Number: 20-5314936 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	William R. Richards 2627 Redford Way Wesley Chapel FL 33543-2736	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X _____ X Mar 27 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #