2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State
05-02-2007 90348 010 ****50.00

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1. Entity Name
SEEDLINGS MANUFACTURING LLC

Principal Place of Business	Mailing Address
4110 WEST HORATIO STREET TAMPA, FL 33609	4110 WEST HORATIO STREET TAMPA, FL 33609

2. Principal Place of Business - No P.O. Bo
Koehler & Company, P.A.
401 North Howard Avenue
Tampa, FL 33606

Suite, Apt. #, etc.

City & State

Zip | Country: USA

04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-5507409 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANGELICI, LINA ESQ. WILLIAMS SCHIFINO MANGIONE & STEADY P.A. ONE TAMPA CITY CENTER, STE. 2600 TAMPA, FL 33602	Name: KEITH W. KOEHLER Street Adc: Koehler & Company, P.A. 401 North Howard Avenue City: Tampa, FL 33606 ode

8. The above named entity submits this statement for the purpose of changing its registered office or r... th, and accept the obligations of registered agent.

SIGNATURE ________ 4/30/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGR NAME MARLENE SUNDQUIST STREET ADDRESS 4110 W. HORATIO ST. CITY-ST-ZIP TAMPA FL 33609	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Marlene Sundquist 4/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #