

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099572

Entity Name: SEDO TECHNOLOGIES LLC

FILED  
Mar 05, 2008  
Secretary of State

**Current Principal Place of Business:**

10473 CRESTON GLEN CIRCLE  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

8129 SUMMER PALM COURT  
JACKSONVILLE, FL 32256 US

**Current Mailing Address:**

10473 CRESTON GLEN CIRCLE  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

8129 SUMMER PALM COURT  
JACKSONVILLE, FL 32256 US

FEI Number: 20-5837621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HASHIMI, SAYED I  
10473 CRESTON GLEN CIRCLE  
JACKSONVILLE, FL 32256 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: MGR ( ) Delete  
Name: HASHIMI, SAYED I  
Address: 10473 CRESTON GLEN CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGR (X) Delete  
Name: MIXON, JEFFREY W  
Address: 3502 TWISTED TREE LANE  
City-St-Zip: JACKSONVILLE, FL 32216 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: SAYED I. HASHIMI

MGR

03/05/2008

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