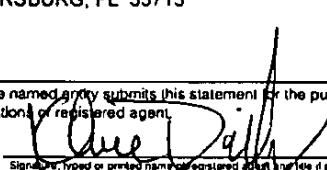
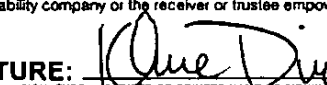


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

07-30-2007 90027 024 ****50.00

DOCUMENT # L06000123224 1. Entity Name SEAWOLF CONSULTANT LLC					
Principal Place of Business 4621 WHISPERING WIND AVE TAMPA, FL 33614 US			Mailing Address PO BOX 272989 TAMPA, FL 33688 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07102007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 20-8151936	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable ☐			
6. Name and Address of Current Registered Agent JON K. FRAZE, CPA, PA 4601 CENTRAL AVE ST. PETERSBURG, FL 33713			7. Name and Address of New Registered Agent Name KHUE N. DINH Street Address (P.O. Box Number is Not Acceptable) 4621 WHISPERING WIND AVE City TAMPA FL Zip Code 33614		
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 obligation of registered agent. SIGNATURE  KHUE N. DINH, MANAGING MEMBER DATE 7-12-07 Signature: Typed or printed name of registered agent for fee if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DINH, KHUE N 4621 WHISPERING WIND AVE TAMPA, FL 33614 ☐ 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:  KHUE N. DINH, MANAGING MEMBER			DATE: 7-12-07 (813) 354-7788		

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