

# **2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000015288

Entity Name: SESEN LLC

**FILED**  
**Sep 15, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

58 SPINNING WHEEL LANE  
TAMARAC, FL 33319

**New Principal Place of Business:**

2400 WEST CYPRESS CREEK ROAD  
SUITE 204  
FORT LAUDERDALE, FL 33309 US

**Current Mailing Address:**

58 SPINNING WHEEL LANE  
TAMARAC, FL 33319

**New Mailing Address:**

2400 WEST CYPRESS CREEK ROAD  
SUITE 204  
FORT LAUDERDALE, FL 33309 US

FEI Number: 20-8412241

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

YOSEF, HABTE  
58 SPINNING WHEEL LANE  
TAMARAC, FL FL US

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

KOTHARI, NANDIP  
2400 WEST CYPRESS CREEK ROAD  
SUITE 204  
FORT LAUDERDALE, FL 33309 US

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: NANDIP KOTHARI

09/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: YOSEF, HABTE  
Address: 58 SPINNING WHEEL LANE  
City-St-Zip: TAMARAC, FL 33319

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KOTHARI, NANDIP  
Address: 2400 WEST CYPRESS CREEK ROAD, SUITE 204  
City-St-Zip: FORT LAUDERDALE, FL 33309 US

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: NANDIP KOTHARI

MGR

09/15/2009

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