

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000028766

1. Entity Name
SEQUITUR MEDIA, LLC



Principal Place of Business
426 VICTORY GARDEN DRIVE
TALLASSEE, FL 32301

Mailing Address
4000 CAPITAL CIRCLE SE, SUITE 18-187
TALLAHASSEE, FL 32301-3839

FILED
08 MAY -1 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

400 Capital Circle SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 18-187

City & State

City & State

Tallahassee, FL

Zip

Country

Zip

Country

32301-3839

USA

04222008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-8649672

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

HEMLEPP, JUSTIN
426 VICTORY GARDEN DRIVE
TALLASSEE, FL 32301

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME HEMLEPP, JUSTIN
STREET ADDRESS 426 VICTORY GARDEN DRIVE
CITY-ST-ZIP TALLASSEE, FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME BOSETTI, MARIAH
STREET ADDRESS 426 VICTORY GARDEN DRIVE
CITY-ST-ZIP TALLASSEE, FL 32301

TITLE MGRM ☒ Change ☐ Addition
NAME Bosetti, Mariah
STREET ADDRESS 426 Victory Garden Dr
CITY-ST-ZIP Tallahassee, FL 32301

TITLE MGRM ☐ Delete
NAME DUBBIN, ADAM
STREET ADDRESS 176 CALLIOPE STREET
CITY-ST-ZIP OCOEE, FL 34761

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME WILLIAMS, BRIAN
STREET ADDRESS PO BOX 608
CITY-ST-ZIP OWINGSVILLE, KY 40360

TITLE MGRM ☒ Change ☐ Addition
NAME Williams, Brian
STREET ADDRESS 919 Rica Rd
CITY-ST-ZIP Owingsville, KY 40360

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Change ☒ Addition
NAME Hart, Brandon
STREET ADDRESS 11717 Whisper Valley Dr
CITY-ST-ZIP San Antonio, TX 78230

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Justin Hemlepp

JUSTIN HEMLEPP

4/22/08 (352)262-6765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #