

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000057690

Entity Name: SEACHIC, LLC

FILED
Mar 27, 2008
Secretary of State

Current Principal Place of Business:

1758 PINE CHANNEL DRIVE
LITTLE TORCH KEY, FL 33042 US

New Principal Place of Business:

Current Mailing Address:

1758 PINE CHANNEL DRIVE
LITTLE TORCH KEY, FL 33042 US

New Mailing Address:

FEI Number: 26-0276196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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: MGRM () Delete
Name: JULIAN, JILL
Address: 1758 PINE CHANNEL DRIVE
City-St-Zip: LITTLE TORCH KEY, FL 33042 US

Title: MGRM () Delete
Name: YUSKAITIS, JANIS
Address: 1758 PINE CHANNEL DRIVE
City-St-Zip: LITTLE TORCH KEY, FL 33042 US

Title: MGRM () Delete
Name: YUSKAITIS, RICHARD J
Address: 1758 PINE CHANNEL DRIVE
City-St-Zip: LITTLE TORCH KEY, FL 33042 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICHARD J YUSKAITIS

MGRM

03/27/2008

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