
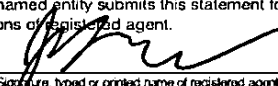
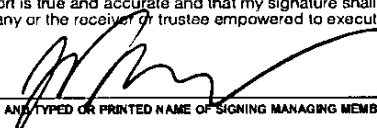


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2008 8:00 am
Secretary of State

08-08-2008 90034 016 ***138.75

DOCUMENT # L07000084060					
1. Entity Name SEBO HWH, LLC					
Principal Place of Business 403 BEN NEUIS LANE FREDERICKSBURG, VA 22405			Mailing Address 403 BEN NEUIS LANE FREDERICKSBURG, VA 22405		
2. Principal Place of Business - No P.O. Box # 1359 Stratford Ave		3. Mailing Address 1359 Stratford Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Panama City, FL		City & State Panama City, FL		4. FEI Number 26-0724608	
Zip 32404		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANGER, DOUGLAS 201 DART STREET, SUITE A PLANT CITY, FL 33563			7. Name and Address of New Registered Agent Name Jeffery R. Owens Street Address (P.O. Box Number is Not Acceptable) 1359 Stratford Ave City Panama City FL Zip Code 32404		
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 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS					
TITLE MGR	<input checked="" type="checkbox"/> Delete				
NAME OWENS, JEFFREY					
STREET ADDRESS 403 BEN NEUIS LANE					
CITY-ST-ZIP FREDERICKSBURG, VA 22405					
TITLE NAME	<input type="checkbox"/> Delete				
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	<input type="checkbox"/> Delete				
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	<input type="checkbox"/> Delete				
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	<input type="checkbox"/> Delete				
STREET ADDRESS CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE Managing member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME Jeffery R. Owens					
STREET ADDRESS 1359 Stratford Ave,					
CITY-ST-ZIP Panama City, FL 32404					
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: 				08/05/08 850 215 7601	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	