

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000091810

FILED
Apr 03, 2009
Secretary of State

Entity Name: SETA SUPPORT SERVICES ALLIANCE, LLC

Current Principal Place of Business:

1742 WILLA CIRCLE
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

2603 CHALLENGER TECH COURT
SUITE 180
ORLANDO, FL 32826

New Mailing Address:

FEI Number: 26-1089286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIRADO-CHIODINI, PL
1621 BARR ST.
OVIEDO, FL 32765 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: THE TOLLIVER GROUP,, INC.
Address: 1742 WILLA CIRCLE
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM () Delete
Name: APPLIED VISUAL TECHN, OLOGY, INC.
Address: 3251 PROGRESS DRIVE, STE. D
City-St-Zip: ORLANDO, FL 32826

Title: MGRM () Delete
Name: GOOD 2 GO EVENT MANA, GMENT, INC.
Address: 12241 PICKET FENCE COURT
City-St-Zip: ORLANDO, FL 32828

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: APPLIED VISUAL TECHNOLOGY, INC.

MGRM

04/03/2009

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