

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109820

FILED  
Apr 08, 2008  
Secretary of State

Entity Name: SELA REST, LLC

**Current Principal Place of Business:**

7511 WINGING WAY DRIVE  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

7511 WINGING WAY DRIVE  
TAMPA, FL 33615

**New Mailing Address:**

FEI Number: 26-1140887

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BAILEY, DOUGLAS V SR.  
439 S. FLORIDA AVENUE, STE 300  
LAKELAND, FL 33801 US

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

SCHOEMAN, HENDRIK A SR.  
7511 WINGING WAY DR  
TAMPA, FL 33615 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: HENDRIK SCHOEMAN

04/08/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHOEMAN, EDMA M  
Address: 7511 WINGING WAY DRIVE  
City-St-Zip: TAMPA, FL 33615

Title: MGRM ( ) Delete  
Name: SCHOEMAN, HENDRIK A  
Address: 7511 WINGING WAY DRIVE  
City-St-Zip: TAMPA, FL 33615

**ADDITIONS/CHANGES:**

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: EDMA SCHOEMAN

MGRM

04/08/2008

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