

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000023580

FILED  
Jul 10, 2009  
Secretary of State

Entity Name: 110 SEASPRAY LLC

**Current Principal Place of Business:**

110 SEASPRAY AVENUE  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

110 SEASPRAY AVENUE  
PALM BEACH, FL 33480

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

KARMAN, CAROLYN L  
110 SEASPRAY AVENUE  
PALM BEACH, FL 33480      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:                      COOK, JANET K  
Address:                      134 KENSINGTON OVAL  
City-St-Zip:                      ROCKY RIVER, OH 44116

Title:                      MGRM                      ( ) Delete  
Name:                      KARMAN, EDWARD J  
Address:                      3974 STATE ROAD  
City-St-Zip:                      MEDINA, OH 44256

Title:                      MGRM                      ( ) Delete  
Name:                      KARMAN, ROBB T  
Address:                      1245 FOREST AVENUE  
City-St-Zip:                      PACIFIC GROVE, CA 93950

Title:                      MGRM                      ( ) Delete  
Name:                      AARMAN, CHRISTOPHER J  
Address:                      29 FOX TRACE LANE  
City-St-Zip:                      HUDSON, OH 44236

**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:

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: CHRISTOPHER J. KARMAN

MGRM

07/10/2009

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