# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 19, 2010**
**Secretary of State**

DOCUMENT# L09000044231

**Entity Name:** SEPICORP LLC

**Current Principal Place of Business:**

3325 S. UNIVERSITY DR.
SUITE 109
DAVIE, FL 33328 US

**New Principal Place of Business:**

**Current Mailing Address:**

3325 S. UNIVERSITY DR.
SUITE 109
DAVIE, FL 33328 US

**New Mailing Address:**

**FEI Number: 27-0147904** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

FIRM COUNSEL CHARTERED
3325 S UNIVERSITY DRIVE
SUITE 210
DAVIE, FL 33328 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: MGR
Name: SEPIELLI, ROBERT J
Address: 3325 S. UNIVERSITY DR. STE. 109
City-St-Zip: DAVIE, FL 33328 US

Title: MGR
Name: SEPIELLI, ALLISON M
Address: 3325 S. UNIVERSITY DR. STE. 109
City-St-Zip: DAVIE, FL 33328 US

I hereby 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 Statues.

SIGNATURE: ALLISON M. SEPIELLI CFO 01/19/2010

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