

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90048 046 \*\*\*\*50.00

**DOCUMENT # M03000001814**

1. Entity Name

SEALY REAL ESTATE SERVICES, L.L.C.



Principal Place of Business

333 TEXAS STREET, SUITE 2350  
SHREVEPORT, LA 71101

Mailing Address

333 TEXAS STREET, SUITE 2350  
SHREVEPORT, LA 71101

**DO NOT WRITE IN THIS SPACE**



03032005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

36-4532380

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME SEALY, SCOTT P  
STREET ADDRESS 333 TEXAS STREET, SUITE 1050  
CITY-ST-ZIP SHREVEPORT, LA 71101

TITLE MGR  
NAME SEALY, MARK P  
STREET ADDRESS 333 TEXAS STREET, SUITE 1050  
CITY-ST-ZIP SHREVEPORT, LA 71101

TITLE MGR  
NAME SEARS, CALVIN H  
STREET ADDRESS 333 TEXAS STREET, SUITE 1050  
CITY-ST-ZIP SHREVEPORT, LA 71101

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/21/05

718-222-8700