## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M03000002894

7349 WORTHINGTON-GALENA ROAD

(X) Delete

7349 WORTHINGTON-GALENA ROAD

WORTHINGTON, OH 43085

WORTHINGTON, OH 43085

SIEKMANN, ROBERT W

MGRM

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

Entity Name: SEA, LTD. CO.

FILED Apr 21, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7349 WORTHINGTON-GALENA ROAD WORTHINGTON, OH 43085 **Current Mailing Address: New Mailing Address:** 7349 WORTHINGTON-GALENA ROAD WORTHINGTON, OH 43085 FEI Number: 72-1569235 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BAKER, GLENN R Name: Name: 7349 WORTHINGTON-GALENA ROAD Address: Address: City-St-Zip: WORTHINGTON, OH 43085 City-St-Zip: Title: MGRM Title: MGRM (X) Change ( ) Addition ( ) Delete Name: CARROCCI, MICHAEL P Name: SIEKMANN, ROBERT W Address: 7349 WORTHINGTON-GALENA ROAD Address: 7349 WORTHINGTON-GALENA ROAD City-St-Zip: WORTHINGTON, OH 43085 City-St-Zip: WORTHINGTON, OH 43085 Title: MGRM () Delete Title: () Change () Addition FRIEDMAN, ALFRED Name: Name:

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

() Change () Addition

SIGNATURE: GLENN BAKER MGRM 04/21/2009