2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000003387

Entity Name

SEICKEL VACATION PROPERTIES 3, LLC



FILED Apr 22, 2008 8:00 am Secretary of State

04-22-2008 90098 029 ***138.75

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103 NE 19T	Principal Place of Business 103 NE 19TH AVENUE, APT 238 DEERFIELD BEACH, FL 33441		Mailing Address 103 NE 19TH AVENUE, APT 238 DEERFIELD BEACH, FL 33441				60026772					
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2. Principal Place of Business - No P.O. Box #			3. Mailing Address					10141 10 3 11 30141 0041		I (III III IZUI
Suite, Apt. #, etc.			Suite, Apt. #, etc.			0417	2008	Chg-LLC	CR	2E083 (1		
City & State			City & State			4. FEI	Numbe	r				plied For t Applicable
Zip Country			Zip	Zip Country		5 . Cer	tificate o	of Status Desire	d 🗆	\$5.0 Fee F	00 Add Required	itional
	6. Name	and Address of Current	t Registered Agent			7. Nar	ne and .	Address of Nev	w Registe	red Agent	t	
SEICKEL.	JOSEPH				Name							
SEICKEL, JOSEPH 103 NE 19TH AVENUE, APT 238 DEERFIELD BEACH, FL 33441					Street Address (P.O. Box Number is Not Acceptable)							
					City					FL Z	ip Code	•
	named entity		for the purpose of changing its	s register	ed office or re	egistered agent	t, or both	n, in the State of	Florida. I	am familia	ar with,	and accept
the obligat	_											
the obligat		or printed name of registered agen	nt and title if applicable. (NO	TE: Registere	ed Agent signature	e required when reinst	ating)		D/	ME		
_		or printed name of registered agen	n and title if applicable. (NO	TE: Registere	ed Agent signature	e required when reinst	ating)		D/	ME		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true-end 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 flability company or the reserve or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED MAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

90/11/4

Daytime Phone #