

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004522

Entity Name: SEALY & COMPANY, LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

333 TEXAS STREET, SUITE 1050
SHREVEPORT, LA 71101

New Principal Place of Business:

Current Mailing Address:

333 TEXAS STREET, SUITE 1050
SHREVEPORT, LA 71101

New Mailing Address:

FEI Number: 72-1083463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE, SUITE A
TALLAHASSEE, FL 32301 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: SEALY, MARK P
Address: 333 TEXAS STREET, SUITE 1050
City-St-Zip: SHREVEPORT, LA 71101

Title: MGRM () Delete
Name: SEARS, CALVIN H
Address: 333 TEXAS STREET, SUITE 1050
City-St-Zip: SHREVEPORT, LA 71101

Title: MGRM () Delete
Name: SEALY, SCOTT P
Address: 333 TEXAS STREET, SUITE 1050
City-St-Zip: SHREVEPORT, LA 71101

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:

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: CALVIN SEARS

SEC

01/15/2009

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