

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000000428

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Entity Name:** SEMINOLE HOLDINGS GROUP LLC

**Current Principal Place of Business:**

455 NORTH INDIAN ROCKS PASS, SUITE B  
BELLEAIR BLUFFS, FL 33770

**New Principal Place of Business:**

455 NORTH INDIAN ROCKS ROAD  
SUITE B  
BELLEAIR BLUFFS, FL 33770

**Current Mailing Address:**

455 NORTH INDIAN ROCKS PASS, SUITE B  
BELLEAIR BLUFFS, FL 33770

**New Mailing Address:**

455 NORTH INDIAN ROCKS ROAD  
SUITE B  
BELLEAIR BLUFFS, FL 33770

FEI Number: 26-3911982

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEPPI, MYRA S  
516 LAKEVIEW ROAD, VILLA III  
CLEARWATER, FL 33756 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: BANKS, ROBERT J  
Address: 516 LAKEVIEW ROAD, VILLA III  
City-St-Zip: CLEARWATER, FL 33756

Title: MGR  
Name: CAMPBELL, RONALD J  
Address: 455 NORTH INDIAN ROCKS ROAD, SUITE B  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

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 Statutes.

SIGNATURE: ROBERT J. BANKS

MGR

04/06/2010

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