


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L03000030238 1. Entity Name SEATON RENTALS, LLC |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 2801 N. POWERLINE RD POMPAÑO BEACH, FL 33069 | Mailing Address 2801 N. POWERLINE RD POMPAÑO BEACH, FL 33069 |
|--|--|



DO NOT WRITE IN THIS SPACE

04242006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
38-3692626

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAYMOND, JOHN J JR
BUTZEL LONG, P.C.
STE 420, 1200 N FEDERAL HWY
BOCA RATON, FL 33432**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|-----------------|-------------------------|
| TITLE | MGR |
| NAME | HOOVER, BRENT |
| STREET ADDRESS | 2620 NW 15TH CT |
| CITY - ST - ZIP | POMPAÑO BEACH, FL 33069 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

U00000534121
05/06/06-80151-004 50.00

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IN THIS SPACE**

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 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 #

BRENT HOOVER 4/24/06 954-971-1350