

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000002545

**Entity Name:** SEMINOLE/IRISH, LLC**Current Principal Place of Business:**4650 LINKS VILLAGE DRIVE  
C-102  
PONCE INLET, FL 32127**Current Mailing Address:**4650 LINKS VILLAGE DRIVE  
C-102  
PONCE INLET, FL 32127 US**FEI Number:** 20-0641287**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BULLOCK, DONALD C  
4650 LINKS VILLAGE DRIVE  
C-102  
PONCE INLET, FL 32127 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**Authorized Person(s) Detail :**

Title	MGR
Name	BULLOCK, SHARON KMGR
Address	4650 LINKS VILLAGE DRIVE C-102
City-State-Zip:	PONCE INLET FL 32127

Title	MGR
Name	BULLOCK, DONALD CMGR
Address	4650 LINKS VILLAGE DRIVE C-102
City-State-Zip:	PONCE INLET FL 32127

Title	MGR
Name	LITTLE, ROSS A
Address	4660 SOUTH MOON TRAIL, PORT ORANGE, FL, USA 4660 SOUTH MOON TRAIL
City-State-Zip:	PORT ORANGE FL 32129

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHARON L BULLOCK

MGR

03/02/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date