2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L0400002545

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

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

Authorized Person(s) Detail -

| Authorized Person(s) Detail : | | | |
|-------------------------------|-----------------------------------|-----------------|-----------------------------------|
| Title | MGR | Title | MGR |
| Name | BULLOCK, SHARON KMGR | Name | BULLOCK, DONALD CMGR |
| Address | 4650 LINKS VILLAGE DRIVE C-102 | Address | 4650 LINKS VILLAGE DRIVE C-102 |
| City-State-Zip: | PONCE INLET FL 32127 | City-State-Zip: | PONCE INLET FL 32127 |
| Title | MGR | | |
| Name | LITTLE, ROSS A | | |
| Address | 4650 LINKS VILLAGE DRIVE C-102 | | |
| City-State-Zip: | PONCE INLET FL 32127 | | |

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 BULLOCK

MGR

Certificate of Status Desired: No

Date

FILED Mar 12, 2019

Secretary of State

1367881668CC

Electronic Signature of Signing Authorized Person(s) Detail