

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000084652

**Entity Name:** 115 SEMINOLE, LLC

**Current Principal Place of Business:**

115 SEMINOLE AVE  
INVERNESS, FL 34450

**Current Mailing Address:**

P.O. BOX 590  
FLORAL CITY, FL 34436 US

**FEI Number:** 27-0852473

**Certificate of Status Desired:** No

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

SCA MANAGEMENT, LLC  
7702 S. SHOREACRES PT  
FLORAL CITY, FL 34436 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:** STEPHEN ABRAMS

04/22/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	AUTHORIZED MEMBER
Name	SCA MANAGEMENT, LLC	Name	ABRAMS, STEPHEN C
Address	7702 S. SHOREACRES POINT	Address	P.O. BOX 590
City-State-Zip:	FLORAL CITY FL 34436	City-State-Zip:	FLORAL CITY FL 34436

*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:** STEPHEN ABRAMS

AUTHORIZED MEMBER

04/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date