

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000106607

Entity Name: 237 SEABREEZE, LLC**Current Principal Place of Business:**

BROOKMYER, HOCHMAN, PROBST & JONAS, P.A.
500 SO. AUSTRALIAN AVE. STE.650
WEST PALM BEACH, FL 33401

Current Mailing Address:

BROOKMYER, HOCHMAN, PROBST & JONAS, P.A.
500 AUSTRALIAN AVE. STE.650
WEST PALM BEACH, FL 33401 US

FEI Number: NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

JONAS, MICHAEL N. ESQ.
BROOKMYER, HOCHMAN, PROBST & JONAS, P.A.
500 SO. AUSTRALIAN AVE. STE.650
WEST PALM BEACH, FL 33401 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: MICHAEL N. JONAS

02/08/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name FINE, RAYMOND P
Address 237 SEABREEZE AVENUE
City-State-Zip: PALM BEACH FL 33480

Title AUTHORIZED REPRESENTATIVE
Name JONAS, MICHAEL N ESQ.
Address BROOKMYER, HOCHMAN, PROBST
& JONAS, P.A.
500 SO. AUSTRALIAN AVE. STE.650
City-State-Zip: WEST PALM BEACH FL 33401

Title MGRM
Name FINE, KERRY A
Address 237 SEABREEZE AVENUE
City-State-Zip: PALM BEACH FL 33480

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: MICHAEL N. JONAS**AUTHORIZED
REPRESENTATIVE**

02/08/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date