

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000088492

**Entity Name:** SEEMORE, LLC

**Current Principal Place of Business:**

3315 MUD LAKE ROAD  
PLANT CITY, FL 33566

**Current Mailing Address:**

PO BOX 4595  
PLANT CITY, FL 33563

**FEI Number:** 45-5153630

**Certificate of Status Desired:** No

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

GALLIMORE, DANIEL G  
3315 MUD LAKE ROAD  
PLANT CITY, FL 33566 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	MGRM	Title	MGRM
Name	GALLIMORE, DANIEL G	Name	GALLIMORE, YVONNE G
Address	3315 MUD LAKE ROAD	Address	3315 MUD LAKE ROAD
City-State-Zip:	PLANT CITY FL 33566	City-State-Zip:	PLANT CITY FL 33566
Title	MGRM	Title	MGRM
Name	GALLIMORE, SCOTT-DANE C	Name	GILLINGS, HYACINTH M
Address	3315 MUD LAKE ROAD	Address	7848 BILTMORE BLVD
City-State-Zip:	PLANT CITY FL 33566	City-State-Zip:	MIRAMAR FL 33023

*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:** DANIEL G GALLIMORE

MGRM

04/26/2023

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

\_\_\_\_\_  
Date