

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000150227

**Entity Name:** SEYPA, LLC

**Current Principal Place of Business:**

5115 GULF DRIVE  
UNIT 509  
PANAMA CITY, FL 32408

**Current Mailing Address:**

5115 GULF DRIVE  
UNIT 509  
PANAMA CITY, FL 32408 US

**FEI Number:** 47-1978060

**Certificate of Status Desired:** No

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

CT CORPORATION  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	MANAGER	Title	MANAGER
Name	KOELLNER, WALTER G	Name	KOELLNER, CHARLOTTE
Address	5115 GULF DRIVE UNIT 509	Address	5115 GULF DRIVE UNIT 509
City-State-Zip:	PANAMA CITY FL 32408	City-State-Zip:	PANAMA CITY FL 32408

*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:** WALTER G KOELLNER

**MANAGER**

**01/07/2018**

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

\_\_\_\_\_  
Date