

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000150871

Entity Name: SEMINOLE 35, LLC**Current Principal Place of Business:**12350 PLANTATION LANE
NORTH PALM BEACH, FL 33408**Current Mailing Address:**PO BOX 14037
NORTH PALM BEACH, FL 33408 US**FEI Number:** 47-3099184**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAILE SHAW & PFAFFENBERGER, P.A.
660 U.S. HIGHWAY ONE
SUITE 300
NORTH PALM BEACH, FL 33408 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 | VP, MANAGER | Title | PRESIDENT |
| Name | O'LEARY, WILLIAM T IV | Name | O'LEARY, NICKLAUS S |
| Address | PO BOX 14037 | Address | PO BOX 14037 |
| City-State-Zip: | NORTH PALM BEACH FL 33408 | City-State-Zip: | NORTH PALM BEACH FL 33408 |
| | | | |
| Title | TREASURER, SECRETARY | | |
| Name | O'LEARY, NANCY N | | |
| Address | PO BOX 14037 | | |
| City-State-Zip: | NORTH PALM BEACH FL 33408 | | |

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: NICKLAUS S O'LEARY

PRESIDENT

04/22/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date