# 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: LEE ANN CAMPISI

Electronic Signature of Signing Authorized Person(s) Detail

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000166161

Entity Name: 1101 SEAFARER CIRCLE LLC

#### **Current Principal Place of Business:**

**17 HEATHCOTE ROAD** YONKERS, NY 10710

# **Current Mailing Address:**

**17 HEATHCOTE ROAD** YONKERS. NY 10710

# FEI Number: 47-2157985

Name and Address of Current Registered Agent:

CIOFFI, JAMES A 250 TEQUESTA DRIVE 203 TEQUESTA, FL 33469 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

### Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	CAMPISI, LEE ANN	Name	ROTA, DOUGLAS
Address	17 HEATHCOTE RD	Address	17 HEATHCOTE RD
City-State-Zip:	YONKERS NY 10710	City-State-Zip:	YONKERS NY 10710

AMBR

Certificate of Status Desired: No

Date

02/05/2019

FILED Feb 05, 2019 Secretary of State 7828286979CC

Date