57-1020005		Certificate of Status Desi	rea: NO
dress of Current Registered Agent:			
ntity submits this statement for the purpose of changing its regist	ered office or regis	tered agent, or both, in the State of Flor	ida.
PAMELA BRITT			03/16/2021
Electronic Signature of Registered Agent			Date
erson(s) Detail :			
	dress of Current Registered Agent: D CIRCLE EAST E, FL 32327 US ntity submits this statement for the purpose of changing its register PAMELA BRITT	dress of Current Registered Agent: D CIRCLE EAST E, FL 32327 US ntity submits this statement for the purpose of changing its registered office or regis PAMELA BRITT Electronic Signature of Registered Agent	D CIRCLE EAST E, FL 32327 US ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flor PAMELA BRITT Electronic Signature of Registered Agent

DOCUMENT# L16000058512

Entity Name: SEMINOLE CONTRACTING, LLC

Current Principal Place of Business:

40 SUMMERWIND CIRCLE EAST CRAWFORDVILLE. FL 32327

Current Mailing Address:

40 SUMMERWIND CIRCLE EAST CRAWFORDVILLE. FL 32327 US

FEI Number: 37-1820605

Nam

Title Name

BRITT, PAMELA C BRITT, ROBERT C Name Address 40 SUMMERWIND CIRCLE EAST Address 40 SUMMERWIND CIRCLE EAST City-State-Zip: CRAWFORDVILLE FL 32327 City-State-Zip: CRAWFORDVILLE FL 32327

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: PAMELA BRITT

PRESIDENT

03/16/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Mar 16, 2021 Secretary of State 9239393493CC

Cartificate of Status Desired, No.