

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000134363

**Entity Name:** SEEDFUNDERS, LLC

**Current Principal Place of Business:**

260 1ST AVE. S  
SUITE 200 #82  
ST PETERSBURG, FL 33701

**Current Mailing Address:**

260 1ST AVE. S  
SUITE 200 #82  
ST PETERSBURG, FL 33701 US

**FEI Number:** 82-1915934

**Certificate of Status Desired:** No

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

CHITESTER, DAVID D  
260 1ST AVE. S  
SUITE 200 #82  
ST PETERSBURG, FL 33701 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 MGR  
Name CHITESTER, DAVID D  
Address 1325 SNELL ISLE BLVD #412  
City-State-Zip: ST. PETERSBURG FL 33704

Title MGR  
Name GREENE, RANDALL  
Address 260 1ST AVE. S SUITE 200 #82  
City-State-Zip: ST PETERSBURG FL 33701

Title MGR  
Name KEITH, GEOFFREY  
Address 260 1ST AVE. S SUITE 200 #82  
City-State-Zip: ST PETERSBURG FL 33701

Title MGR  
Name ANGELLE, SHAWNE  
Address 260 1ST AVE. S SUITE 200 #82  
City-State-Zip: ST PETERSBURG FL 33701

Title MGR  
Name TANEJA, NAWAL  
Address 260 1ST AVE. S SUITE 200 #82  
City-State-Zip: ST PETERSBURG FL 33701

*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:** GEOFFREY KEITH

**MANAGER**

**04/08/2024**

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

\_\_\_\_\_  
Date