

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000175463

**Entity Name:** SEAQUALIZER VENTURES, LLC.

**Current Principal Place of Business:**

13975 SW 36TH CT  
DAVIE, FL 33330

**Current Mailing Address:**

13975 SW 36TH CT  
DAVIE, FL 33330 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SEAQUALIZER, LLC.  
13975 SW 36TH CT  
DAVIE, FL 33330 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 AMBR  
Name LIEDERMAN, ALLISON  
Address 375 RIDGEWOOD RD  
City-State-Zip: KEY BISCAYNE FL 33149

Title AMBR  
Name LIEDERMAN, JEFFREY  
Address 375 RIDGEWOOD RD  
City-State-Zip: KEY BISCAYNE FL 33149

Title AMBR  
Name BROWN, PATRICK  
Address 375 RIDGEWOOD RD  
City-State-Zip: KEY BISCAYNE FL 33149

Title AMBR  
Name BROWN, RYAN  
Address 375 RIDGEWOOD RD  
City-State-Zip: KEY BISCAYNE FL 33149

*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:** ALLISON LIEDERMAN

**MANAGING MEMBER**

**02/12/2019**

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

\_\_\_\_\_  
Date