

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000210919

**Entity Name:** SEE ME IN A T, LLC

**Current Principal Place of Business:**

5282 CRUMP ROAD  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

PO BOX 3455  
TALLAHASSEE, FL 32315

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PRENTIS, WANDA  
5282 CRUMP ROAD  
TALLAHASSEE, FL 32309 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 PRENTIS, WANDA  
Address PO BOX 3455  
City-State-Zip: TALLAHASSEE FL 32315

*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:** WANDA PRENTIS

MGR

04/26/2024

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

\_\_\_\_\_ Date