

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000366460

**Entity Name:** SEEMOFLO LLC

**Current Principal Place of Business:**

55914 BAY RD  
ASTOR, FL 32102

**Current Mailing Address:**

PO BOX 975  
DE LEON SPRINGS, FL 32130 US

**FEI Number:** 85-4155073

**Certificate of Status Desired:** No

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

WESTOE LLC  
55914 BAY RD  
ASTOR, FL 32102 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            WESTOE LLC  
Address         55914 BAY RD  
City-State-Zip: ASTOR FL 32102

*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:** JOHN DARNELL

**MANAGER**

**04/12/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date