

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000491342

**Entity Name:** 4404 HOMAN LOOP LLC

**Current Principal Place of Business:**

4404 HOMAN LOOP  
THE VILLAGES, FL 32163

**Current Mailing Address:**

60 SCHOOL STREET  
EAST WILLISON, NY 11596 US

**FEI Number:** 88-4313900

**Certificate of Status Desired:** No

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

SEEWALDT, ERIC  
10879 N US HWY 301  
SUITE 4  
OXFORD, FL 34484 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	AMGR	Title	MGR
Name	SEEWALDT, ERIC	Name	SEEWALDT, CHRISTINE
Address	60 SCHOOL STREET	Address	60 SCHOOL STREET
City-State-Zip:	EAT WILLISON NY 11596	City-State-Zip:	EAST WILLISON NY 11596

*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:** ERIC SEEWALDT

**OWNER**

**03/07/2024**

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

\_\_\_\_\_  
Date