

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000155823

**Entity Name:** SETHWEST, LLC

**Current Principal Place of Business:**

4900 NE SPINNAKER POINT PLACE  
STUART, FL 34996

**Current Mailing Address:**

4900 NE SPINNAKER POINT PLACE  
STUART, FL 34996

**FEI Number:** 99-0988438

**Certificate of Status Desired:** No

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

MITCHELL, SETH  
4900 NE SPINNAKER POINT PLACE  
STUART, FL 34996 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	Title	AMBR
Name	MITCHELL, SETH	Name	MITCHELL, BONNIE
Address	4900 NE SPINNAKER POINT PLACE	Address	4900 NE SPINNAKER POINT PLACE
City-State-Zip:	STUART FL 34996	City-State-Zip:	STUART FL 34996

*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:** SETH MITCHELL

**MANAGER**

**01/29/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date