

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000475829

**Entity Name:** SEB STORE LLC

**Current Principal Place of Business:**

2018 SW 29TH CT  
APT D2  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

2018 SW 29TH CT  
APT D2  
DELRAY BEACH, FL 33445 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

GARCONNET, MARIE  
2018 SW 29TH CT  
APT D2  
DELRAY BEACH, FL 33445 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            GARCONNET, MARIE  
Address        2018 SW 29TH CT APT D2  
City-State-Zip: DELRAY BEACH FL 33445

Title            AMBR  
Name            DAMUSCAR, SHYLOUP  
Address        2018 SW 29TH CT APT D2  
City-State-Zip: DELRAY BEACH FL 33445

*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:** MARIE G GARCONNET

AMBR

05/01/2024

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

\_\_\_\_\_  
Date