

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000000893

Entity Name: SEMINOLE ADVISORY SERVICES LLC

Current Principal Place of Business:

455 N. INDIAN ROCKS RD SUITE B
BELLEAIR BLUFFS, FL 33770

Current Mailing Address:

455 N. INDIAN ROCKS RD SUITE B
BELLEAIR BLUFFS, FL 33770

FEI Number: 26-3912061

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEPPI, MYRA
516 LAKEVIEW ROAD
VILLA III
CLEARWATER, FL 33756 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: MYRA PEPPI

02/10/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|--------------------------------|-----------------|--------------------------------|
| Title | MANAGER | Title | MANAGER |
| Name | BANKS, ROBERT J | Name | FETTER, TIMOTHY S |
| Address | 516 LAKEVIEW ROAD VILLA III | Address | 455 N. INDIAN ROCKS RD SUITE B |
| City-State-Zip: | CLEARWATER FL 33756 | City-State-Zip: | BELLEAIR BLUFFS FL 33770 |
| Title | MANAGER | | |
| Name | DIAZ, CHRIS G | | |
| Address | 455 N. INDIAN ROCKS RD SUITE B | | |
| City-State-Zip: | BELLEAIR BLUFFS FL 33770 | | |

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: TIMOTHY FETTER

MANAGER

02/10/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date