

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000007375

**Entity Name:** SEMINOLE FUNDING RESOURCES, LLC

**Current Principal Place of Business:**

455 N INDIAN ROCKS RD STE B  
BELLEAIR BLUFFS, FL 33770

**Current Mailing Address:**

455 N INDIAN ROCKS RD STE B  
BELLEAIR BLUFFS, FL 33770 US

**FEI Number:** 27-2049522

**Certificate of Status Desired:** No

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

MATHIASON, MARION P ESQ  
455 N INDIAN ROCKS RD STE B  
BELLEAIR BLUFFS, FL 33770 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           MANAGER  
Name           BANKS, ROBERT J  
Address        455 N INDIAN ROCKS RD STE B  
City-State-Zip: BELLAIR BLUFFS FL 33770

Title           MANAGER  
Name           FETTER, TIMOTHY S  
Address        455 N INDIAN ROCKS RD  
                  STE B  
City-State-Zip: BELLEAIR BLUFFS FL 33770

Title           MANAGER  
Name           DIAZ, CHRIS G  
Address        455 N INDIAN ROCKS RD  
                  STE 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**

**02/11/2022**

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

\_\_\_\_\_  
Date