## **2024 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

FILED Feb 02, 2024

**Secretary of State** 

9139023874CC

Authorized Person(s) Detail:

Title MANAGER Title MANAGER

Name BANKS, ROBERT J Name FETTER, TIMOTHY S

Address 455 N INDIAN ROCKS RD STE B Address 455 N INDIAN ROCKS RD

STE B

City-State-Zip: BELLAIR BLUFFS FL 33770

City-State-Zip: BELLEAIR BLUFFS FL 33770

Title MANAGER

Title MANAGER

Name DIAZ, CHRIS G

Name RITTER, JOSEPH E
Address 455 N INDIAN ROCKS RD

STE B Address 455 N INDIAN ROCKS RD STE B

City-State-Zip: BELLEAIR BLUFFS FL 33770 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 MANA

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER 02/02/2024

Date