200		FURIM BUS	DINESS REP	UNI	(UD	n)				-	Ļ		
DOCU 1. Entity Nam		# L000	00003113		•								
SEASIDE INVESTMENTS REALTY GROUP, LLC								FILED					
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Principal Plac			Mailing Address	· ·									
4340 W. HILL TAMPA FL 33		AVENUE	4340 W. HILLSBOROUGH AVENUE TAMPA FL 33614				SECRETARY OF STATE TALLAHASSEE, FLORIDA						
2. Principal P	lace of Busi	ness	3. Mailing Address	3. Mailing Address					ia nii do in ashac nii				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State	e		City & State				4. FEIN	Jumber Jumber		Applie	d For	7	
Zip Country				Zip Country			59	-3655445	4 05 00	Not Ap	plicable	1	
ΣΙΡ				Cour					Fee Re	Addition quired	na!		
	6. Name	and Address of Curren	it Registered Agent		Name			and Address of New Regi		<u>:</u>			
THOMSO		Name Robert E. Schmidt Tr Street Address (P.Q. Box Number is Not Acceptable)											
20 N. ORANGE AVENUE, SUITE 1000					43	40 W	Hi	Isborough Av	1e, Suite	<u> </u>	<u>ــــــ</u>	ļ	
ORLANDO	O FL 3280							,				ļ	
					City	ampa	_		FL Z	Code 361	4	ĺ	
8. The above	named entit	y submits this statement	for the purpose of charging	its registe	ed office o	r registered	agent, d	or both, in the State of Florida		1			
SIGNATURE _	×			>>/					3/26	/0/			
	Signature, typed	of printed name of registered agen	nt and title if applicable. (No	OTE Registere	d Agent signat	ture required who	en reinstatir	19)	9 ^{ft} 135151				
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			Wake Check I	Payable t િ+એ વ			State	<u>, C</u> *****	Ե.ՍՍ # #*	¥¥¥55	. 00		
9.		MANAGING MEM		10.				ADDITIONS/CH				=	
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indicated (on this repor	t is true and accurate and	h this filing does not qualify f d that my signature shall have	e the same	legal effe	ct as if mad	e under	oath: that I am a managing	ther certify that t member or mar	ne inform	nation he		
umitec nat	uniy compar	iy or the receiver or truste	ee empowered to execute this	s report as	required b	oy Chapter I	bU8, Flo	rida Statutes.					
SIGNAT	URF	4nsierin	morpha	iter.),	•	31	122/2001 81	3-873-	262 ⁻	7		
		AND TYPED OR PRINTED NAME	OF SIGNING MANAGING MEMBER, M	ANAGER, OR	AUTHORIZED	REPRESENTA	TIVE	Date	Daytime Pho	e #			