

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000010038

1. Entity Name
SEAMAX, LLC



Principal Place of Business

211 E. INTERNATIONAL SPEEDWAY BLVD
SUITE 213
DAYTONA BEACH, FL 32118

Mailing Address

211 E. INTERNATIONAL SPEEDWAY BLVD
SUITE 213
DAYTONA BEACH, FL 32118



02112004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3727195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMON, URSULA
211 E. INTERNATIONAL SPEEDWAY BLVD
STE 213
DAYTONA BEACH, FL 32118

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

U00000073799
03/02/04-80052-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GAZZOLI, JOHN
185 CYPRESS POINT PARKWAY, STE 7
PALM COAST, FL 32164

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
AMON, FELIX
211 E INT'L SPEEDWAY BLDG 213
DAYTONA BEACH, FL 32118

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
AMON, URSULA
211 E INT'L SPEEDWAY BLDG 213
DAYTONA BEACH, FL 32118

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #