LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016654

1. Entity Name

SEA PROPERTIES L.L.C.

10108212

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
512 Second St #3	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
#3	

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
Indian Rocks Beach	Florida	36-4456523	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	$5.00 Additional Fee Required
33785	Pinellas				

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Gregory M Sich

Street Address (P.O. Box Number is Not Acceptable)

512 Second St #3

City Ind Rks Bch   FL   Zip Code 33785

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.   DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	Mg Member		TITLE	
NAME	Gregory A Sich		NAME	
STREET ADDRESS	512 Second St #3		STREET ADDRESS	
CITY-ST-ZIP	Ind Rks Bch, FL 33785		CITY-ST-ZIP	
TITLE			TITLE	
NAME			NAME	
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CITY-ST-ZIP			CITY-ST-ZIP	

CR2E083B (12/02)

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: _____   6-18-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #