

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000026359

1. Entity Name

THE SEAHORSE BEACH BUNGALOWS, LLC



Principal Place of Business

C/O O'HAIRE, QUINN, CANDLER, ET AL
3111 CARDINAL DR.
VERO BEACH, FL 32963

Mailing Address

C/O O'HAIRE, QUINN, CANDLER, ET AL
3111 CARDINAL DR.
VERO BEACH, FL 32963



04152008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0097665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANDLER, RICHARD B
3111 CARDINAL DR.
VERO BEACH, FL 32963

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WOLFF, LESLIE H
STREET ADDRESS	3111 CARDINAL DR
CITY- ST- ZIP	VERO BEACH, FL 32963
TITLE	MGRM
NAME	WOLFF, TIMOTHY E
STREET ADDRESS	3111 CARDINAL DR
CITY- ST- ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000921301
05/15/08-80001-008 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/16/2008 (772) 231-6900

Date

Daytime Phone #