

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000052708

1. Entity Name
SEA JOY, LLC



Principal Place of Business
**12944 PRESTWICK DRIVE
RIVERVIEW, FL 33569**

Mailing Address
**12944 PRESTWICK DRIVE
RIVERVIEW, FL 33569**



02122005 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FET Number
20-0480584

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LANESE, NICHOLAS
12944 PRESTWICK DRIVE
RIVERVIEW, FL 33569**

**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

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

(NOTE: Registered Agent signature required when reinstating)

2/19/06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**000000445413
03/07/06-80045-006 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LANESE, NICHOLAS
STREET ADDRESS	12944 PRESTWICK DRIVE
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	MGRM
NAME	LANESE, KAREN S
STREET ADDRESS	12944 PRESTWICK DRIVE
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	MGRM
NAME	ALTIERI, RAYMOND A JR.
STREET ADDRESS	14927 DEVONSHIRE WOODS PLACE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	MGRM
NAME	ALTIERI, DOREEN M
STREET ADDRESS	14927 DEVONSHIRE WOODS PLACE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

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

2/19/06
Date

813-634-9296
Daytime Phone #