

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90058 008 \*\*\*\*50.00

**DOCUMENT # L04000060477**



1. Entity Name  
**SEAWRIGHT REAL ESTATE, LLC**

Principal Place of Business  
**4425 US HIGHWAY 92 EAST  
LAKELAND, FL 33801**

Mailing Address  
**4425 US HIGHWAY 92 EAST  
LAKELAND, FL 33801**

**20004043**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

**U.S.A.**

Zip

Country

**U.S.A.**

01152005 Chg-LLC CR2E083 (10/03)

4. FEI Number

**20-1512734**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEAWRIGHT, CLAYTON  
4425 US HIGHWAY 92 EAST  
LAKELAND, FL 33801**

Name

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

City

**FL**

Zip Code

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

*Clayton Seawright* **(N/A)**

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

(N/A) Registered Agent signature required when reinstating

**JAN 23, 2005**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MANAGING MEMBER** ☐ Delete  
NAME **CLAYTON K. SEAWRIGHT**  
STREET ADDRESS **4425 U.S. HIGHWAY 92 EAST**  
CITY-ST-ZIP **LAKELAND, FL 33801**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Clayton K Seawright*

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

**JAN 23, 2005**

Date

Daytime Phone #

**863  
370  
7216**