

ANNUAL REPORT

DOCUMENT # L04000067954

1. Entity Name
SEASTRIKE DEVELOPMENT HOLDINGS, LLC



FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90022 030 ****50.00

Principal Place of Business
205 CAMINO REAL
MARATHON, FL 33050

Mailing Address
205 CAMINO REAL
MARATHON, FL 33050

2. Principal Place of Business
77280 0/5 Hwy
Suite, Apt. #, etc.

3. Mailing Address
77280 0/5 Hwy
Suite, Apt. #, etc.



02042005 Chg-LLC CR2E083 (10/03)

City & State
Islamorada FL
Zip 33031 Country USA

City & State
Islamorada FL
Zip 33031 Country USA

4. FEI Number
Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALFONSO, SUZETTE
205 CAMINO REAL
MARATHON, FL 33050

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
77280 0/5 Hwy
City Islamorada FL Zip Code 33031

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

02/07/05

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME DOLAN, MICHAEL F
STREET ADDRESS 205 CAMINO REAL STREET
CITY-ST-ZIP MARATHON, FL 33050

TITLE MGRM
NAME WETULA, MICHAEL A
STREET ADDRESS 4602 ROXBURY COURT
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 77280 0/5 Hwy
CITY-ST-ZIP Islamorada FL 33031

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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:

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

Date

Daytime Phone #

02/07/05 325/481-4852