

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90033 006 ***150.00

DOCUMENT # L04000067954

1. Entity Name
SEASTRIKE DEVELOPMENT HOLDINGS, LLC



Principal Place of Business

**77280 O/S HWY
ISLAMRADA, FL 33031 US**

Mailing Address

**77280 O/S HWY
ISLAMRADA, FL 33031 US**

DO NOT WRITE IN THIS SPACE



03142006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALFONSO, SUZETTE
77280 O/S HWY
MARATHON, FL 33050**

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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

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DOLAN, MICHAEL F
77280 O/S HWY
ISLAMORADA, FL 33031**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

[Handwritten Signature] **MICHAEL F. DOLAN MGRM** 4/1/06 305/481-4852