

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # L05000031127

1. Entity Name
S.R. SEAGROVE DEVELOPMENT, L.L.C.



Principal Place of Business

10254 EAST COUNTY HIGHWAY 30A, UNIT 11E
SEACREST BEACH, FL 32413

Mailing Address

10254 EAST COUNTY HIGHWAY 30A, UNIT 11E
SEACREST BEACH, FL 32413



05012007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2477727

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FITZPATRICK, RAYMOND JR.
10254 EAST COUNTY HIGHWAY 30A, UNIT 11E
SEACREST BEACH, FL 32413

**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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CHAMBERS, STEVEN E
10254 EAST COUNTY HIGHWAY 30A, UNIT 11E
SEACREST BEACH, FL 32413

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FITZPATRICK, RAYMOND P JR.
10254 EAST COUNTY HIGHWAY 30A, UNIT 11E
SEACREST BEACH, FL 32413

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

U00000760013
05/24/07-80065-014 50.00

**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

Date

Daytime Phone #