

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90144 035 ****50.00

DOCUMENT # L05000050053

1. Entity Name
SEASCAPE, LLC



Principal Place of Business
**226 NORTH DUVAL STREET
TALLAHASSEE, FL 32301**

Mailing Address
**2699 LEE RD
SUITE 450
WINTER PARK, FL 32789**

60014216



2. Principal Place of Business - No P.O. Box #

1419 EAST ROBINSON ST

3. Mailing Address

1419 EAST ROBINSON ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302007 Chg-LLC CR2E083 (12/06)

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

20-3002854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LINDSEY, WILLIAM S
1407 PIEDMONT DRIVE EAST
TALLAHASSEE, FL 32308**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-07

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RUDNICK, JAMES M
P.O. BOX 13633
TALLAHASSEE, FL 32317** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BROWNING, ROBERT JR.
2699 LEE RD., STE. 450
WINTER PARK, FL 32789** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROBERT W. BROWNING JR.
2158 LAKE DR.
WINTER PARK, FL 32789** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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10. ADDITIONS/CHANGES

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

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☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-30-07 321-217-1554