

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000075515

1. Entity Name
SEACREST PROPERTY, LLC



Principal Place of Business
**5151 SOUTH LAKE LAND DRIVE
LAKE LAND, FL 33807**

Mailing Address
**PO BOX 7266
LAKE LAND, FL 33807**

DO NOT WRITE IN THIS SPACE



02082007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3174031

Applied For
Not Applicable

6. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LASMAN, JEFFREY M
C/O LASMAN LAW FIRM, P.A.
6152 DELANCEY STATION STREET, SUITE 205
RIVERVIEW, FL 33569**

**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 OLIVERA, FELIPE L 5151 SOUTH LAKE LAND DRIVE LAKE LAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIVERA, MAGDALINE M 5151 SOUTH LAKE LAND DRIVE LAKE LAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STANGL, ALEJANDRO R 5151 SOUTH LAKE LAND DRIVE LAKE LAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STANGL, ALICIA E 5151 SOUTH LAKE LAND DRIVE LAKE LAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIVERA, FELIPE J 6739 CRECENT LAKE DRIVE LAKE LAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIVERA, ALICIA M 6739 CRECENT LAKE DRIVE LAKE LAND, FL 33813

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02/21/07-80002-008 50.00

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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 #

Alina Sangel
2/8/07 (888) 644-7844