

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000075515					
1. Entity Name SEACREST PROPERTY, LLC					
Principal Place of Business 5151 SOUTH LAKELAND DRIVE LAKELAND, FL 33807			Mailing Address PO BOX 7266 LAKELAND, FL 33807		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02212008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-3174031				Applied For ☐ Not Applicable	
5. 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			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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIVERA, FELIPE L 5151 SOUTH LAKELAND DRIVE LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000837469 03/04/08-80058-018 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIVERA, MAGDALENE M 5151 SOUTH LAKELAND DRIVE LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STANGL, ALEJANDRO R 5151 SOUTH LAKELAND DRIVE LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STANGL, ALICIA E 5151 SOUTH LAKELAND DRIVE LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIVERA, FELIPE J 6739 CRECENT LAKE DRIVE LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIVERA, ALICIA M 6739 CRECENT LAKE DRIVE LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: <i>Alicia Stangl</i>			Date: 2/21/08		Daytime Phone #: 863-644-7844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					