

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # L06000047249

1. Entity Name

SEASIDE SCIENTIFIC LLC



Principal Place of Business

925 BEVILLE ROAD, UNIT 13
SOUTH DAYTONA BEACH FL 32119

Mailing Address

925 BEVILLE ROAD, UNIT 13
SOUTH DAYTONA BEACH FL 32119



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

1st MOORE

CR2E083 (10/07)

4. FEI Number **20-4880909**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHACONAS, STEPHEN
925 BEVILLE ROAD, UNIT 13
SOUTH DAYTONA BEACH FL 32119

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

Stephen P. Ch...

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

(NOTE: Registered Agent signature required when registering)

3/2/08

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 **MGR** ☐ Delete
NAME **CHACONAS, STEPHEN**
STREET ADDRESS **925 BEVILLE ROAD, UNIT 13**
CITY-ST-ZIP **SOUTH DAYTONA FL 32119**

TITLE ☐ Change ☐ Addition
NAME **U000000848575**
STREET ADDRESS **03/20/08-80021-022**
CITY-ST-ZIP **138.75**

TITLE **MGR** ☐ Delete
NAME **CHACONAS, LORI**
STREET ADDRESS **2624 S. CENTRAL AVENUE**
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Stephen P. Ch...

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

Date

Copy to Person