

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000100300

Entity Name: SUNSEEKER FLORIDA, INC.**Current Principal Place of Business:**4949 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33980**Current Mailing Address:**4949 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33980 US**FEI Number:** 38-4056101**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIR
Name	REDMOND, JOHN
Address	1201 N TOWN CENTER DRIVE
City-State-Zip:	LAS VEGAS NV 89144

Title	SECRETARY
Name	GOLDBERG, ROBERT
Address	1201 N TOWN CENTER DRIVE
City-State-Zip:	LAS VEGAS NV 89144

Title	TREASURER
Name	NEAL, ROBERT
Address	1201 N TOWN CENTER DRIVE
City-State-Zip:	LAS VEGAS NV 89144

Title	P
Name	REDMOND, JOHN
Address	1201 N TOWN CENTER DRIVE
City-State-Zip:	LAS VEGAS NV 89144

Title	CFO
Name	ANDERSON, GREGORY
Address	1201 N TOWN CENTER DRIVE
City-State-Zip:	LAS VEGAS NV 89144

Title	DIRECTOR, COO
Name	RICHINS, MICAH
Address	4949 TAMIAMI TRAIL
City-State-Zip:	PORT CHARLOTTE FL 33980

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT B. GOLDBERG**SECRETARY****01/13/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date