

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000013860

**FILED**  
**Mar 31, 2015**  
**Secretary of State**  
**CC5192896636**

**Entity Name:** LOFTS OF SEABREEZE, LLC

**Current Principal Place of Business:**

C/O CHARLES WAYNE PROPERTIES  
444 SEABREEZE BLVD., SUITE 1000  
DAYTONA BEACH, FL 32118

**Current Mailing Address:**

C/O CHARLES WAYNE PROPERTIES  
444 SEABREEZE BLVD., SUITE 1000  
DAYTONA BEACH, FL 32118

**FEI Number:** 20-2303985

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LICHTIGMAN, CHARLES S  
C/O CHARLES WAYNE PROPERTIES  
444 SEABREEZE BLVD., SUITE 1000  
DAYTONA BEACH, FL 32118 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

**Authorized Person(s) Detail :**

Title MGRM  
Name LICHTIGMAN, CHARLES  
Address 444 SEABREEZE BLVD. , STE 1000  
City-State-Zip: DAYTONA BEACH FL 32118

Title MGRM  
Name KONCHAN, SUZANNE  
Address 444 SEABREEZE BLVD. STE 1000  
City-State-Zip: DAYTONA BEACH FL 32118

Title MGRM  
Name KONCHAN, DAVID  
Address 444 SEABREEZE BLVD. , STE 1000  
City-State-Zip: DAYTONA BEACH FL 32118

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHARLES LICHTIGMAN

**MANAGER**

**03/31/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date