

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000053936

**FILED  
Feb 17, 2022  
Secretary of State  
2309003783CC**

**Entity Name:** SEAGIS HIALEAH LLC

**Current Principal Place of Business:**

C/O SEAGIS PROPERTY GROUP  
100 FRONT STREET, SUITE 350  
WEST CONSHOHOCKEN, PA 19428

**Current Mailing Address:**

C/O SEAGIS PROPERTY GROUP  
100 FRONT STREET, SUITE 350  
WEST CONSHOHOCKEN, PA 19428 US

**FEI Number:** 20-5993103

**Certificate of Status Desired:** No

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

ZEVALLS, STEPHANIE  
C/O SEAGIS PROPERTY GROUP LP  
11340 INTERCHANGE CIRCLE NORTH  
MIRAMAR, FL 33025 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:** MINDY FRAU

02/17/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SEAGIS PROPERTY GROUP LP  
Address 100 FRONT STREET, SUITE 350  
City-State-Zip: WEST CONSHOHOCKEN PA 19428

Title MGR  
Name BEGIER, JOHN B  
Address 100 FRONT STREET, SUITE 350  
City-State-Zip: WEST CONSHOHOCKEN PA 19428

Title MGR  
Name LEE, CHARLES C  
Address 100 FRONT STREET, SUITE 350  
City-State-Zip: WEST CONSHOHOCKEN PA 19428

Title MGR  
Name MOYER, KENNETH R  
Address 100 FRONT STREET, SUITE 350  
City-State-Zip: WEST CONSHOHOCKEN PA 19428

Title MGR  
Name MCKENNA, TIMOTHY E  
Address 100 FRONT STREET, SUITE 350  
City-State-Zip: WEST CONSHOHOCKEN PA 19428

*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:** TIM MCKENNA

CFO

02/17/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date