

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000091183

Entity Name: TWO TWENTY SEASCAPE, LLC

Current Principal Place of Business:

111 S DRIFTWOOD BAY
220
MIRAMAR BEACH, FL 32550

Current Mailing Address:

RICHARD DEAN
2140 COVE CIR. N
GADSDEN, AL 35903 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRACKEN, LEVIN
12273 EMERALD COAST PARKWAY
STE 107
MIRAMAR BEACH, FL 32550 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 AMBR
Name RAINS, JEFF G
Address 7148 WYNGROVE DR
City-State-Zip: MONTGOMERY AL 36117

Title AMBR
Name RAY, GEORGE MICHAEL
Address 1204 WALKER DR
City-State-Zip: GLENCOE AL 35905

Title MGR
Name DEAN, RICHARD
Address 2140 COVE CIR. N
City-State-Zip: GADSDEN AL 35903

Title AMBR
Name MCCLENDON, BRIAN M
Address 2780 MONTAUK RD.
City-State-Zip: HOOVER AL 35226

Title AMBR
Name BARCLAY, ANDREA K
Address 1374 DEARING DOWNS CIRCLE
City-State-Zip: HELENA AL 35080

Title AMBR
Name TANKERSLEY, PAUL E
Address 113 COUNTRY CLUB DR
City-State-Zip: MADISON MS 39110

Title AMBR
Name SCARBOROUGH, MICHAEL J
Address 7619 BARCLAY TERRACE
City-State-Zip: TRUSSVILLE AL 35173

Title AUTHORIZED MEMBER
Name GOODWIN, KATHY WHITE
Address 1648 MAIN ST
City-State-Zip: HARTSELLE AL 35640

Continues on page 2

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: RICHARD P. DEAN

MANAGER

02/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED MEMBER
Name MICHEL, CHRISTIANE MARIA
Address 2575 COUNTRY RD
City-State-Zip: SOUTHSIDE AL 35907