## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000044927

Entity Name: SEASIDE RENOVATIONS L.L.C.

**Current Principal Place of Business:** 

299 GATEWOOD CT

ORMOND BEACH, FL 32174

**Current Mailing Address:** 

299 GATEWOOD CT

ORMOND BEACH, FL 32174 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOZACKI, JAMES 299 GATEWOOD CT ORMOND BEACH, FL 32174 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

FILED Apr 09, 2024

**Secretary of State** 

0667312309CC

Authorized Person(s) Detail:

Title OWNER Title AUTHORIZED REPRESENTATIVE

Name KOZACKI, JAMES VINCENT Name KOZACKI, JOSEPH ALLEN

Address 299 GATEWOOD CT Address 299 GATEWOOD CT

City-State-Zip: ORMOND BEACH FL 32174 City-State-Zip: ORMOND BEACH FL 32174

Title AUTHORIZED REPRESENTATIVE
Name MONAHAN, LYNETTE ELLEN

Address 299 GATEWOOD CT

City-State-Zip: ORMOND BEACH FL 32174

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: JAMES KOZACKI

Electronic Signature of Signing Authorized Person(s) Detail

OWNER/PRESIDENT

04/09/2024

Date