2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000170756

Entity Name: SEAHORSE STATIONS, LLC

Current Principal Place of Business:

1201 OAKFIELD DR., SUITE 109

BRANDON, FL 33511

Current Mailing Address:

1201 OAKFIELD DR., SUITE 109 BRANDON, FL 33511

FEI Number: 30-0803380 Certificate of Status Desired: No

FILED Jan 14, 2025

Secretary of State

5871553081CC

Date

Date

Name and Address of Current Registered Agent:

MCKNIGHT, WILLIAM D 1201 OAKFIELD DR., SUITE 109 BRANDON, FL 33511 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:

Authorized Person(s) Detail:

Title **PRESIDENT** Title **MGRM**

Electronic Signature of Registered Agent

MCKNIGHT, WILLIAM D Name Name MCKNIGHT, KATHRYN A

1201 OAKFIELD DR., SUITE 109 1201 OAKFIELD DR., SUITE 109 Address Address

City-State-Zip: BRANDON FL 33511 BRANDON FL 33511 City-State-Zip:

Title **TREASURER** Title VΡ

Name MCKNIGHT-DECKER, CHRISTINE Name MENDOZA, MICHELLE

Address 1201 OAKFIELD DR., SUITE 109 Address 1201 OAKFIELD DR., SUITE 109

BRANDON FL 33511 City-State-Zip: City-State-Zip: BRANDON FL 33511

Title **DEVELOPMENT MANAGER** Title **ENVIRONMENTAL MANAGER**

Name TOYE, PHIL Name HERWEH. RICK

Address 1201 OAKFIELD DR., SUITE 109 Address 1201 OAKFIELD DR., SUITE 109

City-State-Zip: BRANDON FL 33511 BRANDON FL 33511 City-State-Zip:

Title **DEVELOPMENT MANAGER**

WIRTS, JESS Name

1201 OAKFIELD DR., SUITE 109 Address

BRANDON FL 33511 City-State-Zip:

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.

01/14/2025 **PRESIDENT** SIGNATURE: WILLIAM D. MCKNIGHT

Electronic Signature of Signing Authorized Person(s) Detail