

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000150055

Entity Name: SEASIDE VILLA ADULT LIVING FACILITY, LLC

Current Principal Place of Business:

610 PALM DRIVE
SATELLITE BEACH, FL 32937

Current Mailing Address:

PO BOX 1451
MELBOURNE, FL 32902 US

FEI Number: 47-5316980

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MACKEY, GAIL R
610 PALM DRIVE
STAELLITE BEACH, FL 32937 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: GAIL R MACKEY

04/14/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MACKEY, GAIL R
Address 610 PALM DRIVE
City-State-Zip: SATELLITE BEACH FL 32937

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: GAIL RANEA MACKEY

MANAGER

04/14/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date