2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2024
Secretary of State
7933752719CC

DOCUMENT# L17000008436

Entity Name: SENECAABED, LLC

Current Principal Place of Business:

5004 E. FOWLER AVE, UNIT C-412
TAMPA, FL 33617

Current Mailing Address:

5004 E FOWLER AVE
UNIT C-412
TAMPA, FL 33617 US

FEI Number: 81-4993693

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SENECABED LLC
5004 E. FOWLER AVE
UNIT C-412
TAMPA, FL 33617 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: IMAD ABED 01/05/2024

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	CFO
Name	ABED, IMAD	Name	ABED, GINA C MGR
Address	5004 E. FOWLER AVE UNIT C-412	Address	5004 E. FOWLER AVE UNIT C-412
City-State-Zip:	TAMPA FL 33617	City-State-Zip:	TAMPA FL 33617

Title	COO
Name	ADAM, IMAD
Address	5004 E. FOWLER AVE, UNIT C-412
City-State-Zip:	TAMPA FL 33617

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: IMAD ABED MGR 01/05/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date