

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000238969

**Entity Name:** 40TH AVENUE SEA CARE, LLC

**Current Principal Place of Business:**

1701 FOLLOW THRU RD. NORTH  
ST. PETERSBURG, FL 33710

**Current Mailing Address:**

1701 FOLLOW THRU RD. NORTH  
ST. PETERSBURG, FL 33710

**FEI Number:** 82-3348138

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHANNON, ERIKA  
1701 FOLLOW THRU RD. NORTH  
ST. PETERSBURG, FL 33710 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           | MGR                        | Title           | MGR                        |
| Name            | SHANNON, ERIKA             | Name            | KUTTLER, EVELYN            |
| Address         | 1701 FOLLOW THRU RD. NORTH | Address         | 1701 FOLLOW THRU RD. NORTH |
| City-State-Zip: | ST. PETERSBURG FL 33710    | City-State-Zip: | ST. PETERSBURG FL 33710    |

*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:** ERIKA SHANNON

**MANAGER**

**01/22/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date