

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000158193

Entity Name: SEASIDE CPR, LLC

Current Principal Place of Business:

6603 DRIFTWOOD DRIVE
HUDSON, FL 34667

Current Mailing Address:

PO BOX 5891
HUDSON, FL 34674 US

FEI Number: 83-1100230

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOSCO, TRINA L
6603 DRIFTWOOD DRIVE
HUDSON, FL 34667 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 MGRM
Name BOSCO, TRINA L
Address PO BOX 5891
City-State-Zip: HUDSON FL 34674

Title MGRM
Name BOSCO, PAUL J
Address PO BOX 5891
City-State-Zip: HUDSON FL 34674

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: TRINA BOSCO

MGRM

05/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date