

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000033369

Entity Name: SEAGRASS MEDICAL LLC

Current Principal Place of Business:

419 WILLIAMSBURG DR.
GULF BREEZE, FL 32561

Current Mailing Address:

419 WILLIAMSBURG DR.
GULF BREEZE, FL 32561 US

FEI Number: 83-3531065

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OWENS, JEFF L
419 WILLIAMSBURG DR.
GULF BREEZE, FL 32561 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: JEFF OWENS

04/25/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AR
Name OWENS, JEFF L
Address 419 WILLIAMSBURG DR.
City-State-Zip: GULF BREEZE FL 32561

Title AR
Name SERPAS, MICHELLE
Address 515 EVENTIDE
City-State-Zip: GULF BREEZE FL 32561

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: JEFF OWENS

OWNER

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date