

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000268568

**Entity Name:** 1585 SEABOARD STREET LLC

**Current Principal Place of Business:**

1585 SEABOARD STREET  
FORT MYERS, FL 33916

**Current Mailing Address:**

1585 SEABOARD STREET  
FORT MYERS, FL 33916 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LINDA M CHANDLER AS TRUSTEE OF THE LINDA M CHANDLER REVOCABLE TRUST  
DATED FEBRUARY 23, 2009  
1617 COVINGTON CIRCLE  
FORT MYERS, FL 33919 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	AR
Name	LINDA M. CHANDLER AS TRUSTEE OF THE LINDA M CHANDLER REVOCABLE TRUST, DATED FEBRUARY 23,2009	Name	DAVID A. CHANDLER, AS CO-TRUSTEE OF THE LINDA M. CHANDLER REVOCABLE TRUST, DATED FEBRUARY 23,2009
Address	1617 COVINGTON CIRCLE	Address	1617 COVINGTON CIRCLE
City-State-Zip:	FORT MYERS FL 33919	City-State-Zip:	FORT MYERS FL 33919

*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: THOMAS G. COLEMAN

ATTORNEY

04/28/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date