

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093479

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** SALT LIFE HOLDINGS, LLC

**Current Principal Place of Business:**

13051 BEACH BOULEVARD  
STE 300  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

13051 BEACH BOULEVARD  
STE 300  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

**FEI Number:** 20-2067854

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COMBS, ROGER L  
13051 BEACH BLVD.  
SUITE 300  
JACKSONVILLE, FL 32246 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: COMBS, ROGER  
Address: 2473 DEN STREET  
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: MGRM  
Name: COMBS, DONALD  
Address: 3870 COASTAL HIGHWAY  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: MGRM  
Name: THOMPSON, RICHARD  
Address: 1171 BEACH BLVD  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: MGRM  
Name: HUTTO, MICHAEL T  
Address: 3409 LANDFALL LANE WEST  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ROGER L COMBS

TREA

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date