2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2009
Secretary of State

DOCUMENT# L07000010963

Entity Name: SALTWATER SISTERS, LLC

Current Principal Place of Business:

74 KANTAGREE TRAIL
OSTEEN, FL 32764

New Principal Place of Business:

Current Mailing Address:

74 KANTAGREE TRAIL
OSTEEN, FL 32764

New Mailing Address:

FEI Number: 20-8567781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHOLAR, PATTI S
74 KANTAGREE TRAIL
OSTEEN, FL 32764 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: PRES ( ) Delete
Name: SCHOFIELD, STACEY
Address: 2709 CATTAIL CT.
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: SHOLAR, PATTI S
Address: 74 KANTAGREE TR
City-St-Zip: OSTEEN, FL 32764

Title: SEC ( ) Change (X) Addition
Name: SCHOFIELD, DAVID E
Address: 4240 S PENINSULA DR
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PATTI SHOLAR VP 05/18/2009

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