

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000083001

**FILED**  
**Mar 22, 2010**  
**Secretary of State**

**Entity Name:** BAYSIDE FLORIST & GIFTS OF PORT SAINT JOE, LLC

**Current Principal Place of Business:**

208 REID AVE  
PORT SAINT JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 519  
PORT SAINT JOE, FL 32457

**New Mailing Address:**

FEI Number: 26-3276745

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CARR, WILLIAM H JR.  
204 GAUTIER MEMORIAL LANE  
PORT SAINT JOE, FL 32456 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: CARR, WILLIAM H JR  
Address: P O BOX 519  
City-St-Zip: PORT SAINT JOE, FL 32457

Title: MGR  
Name: CARR, LYNNE O  
Address: P O BOX 519  
City-St-Zip: PORT SAINT JOE, FL 32457

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: WILLIAM H CARR, JR

MGRM

03/22/2010

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