

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000083001

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

Current Principal Place of Business:

208 REID AVE
PORT SAINT JOE, FL 32456

Current Mailing Address:

P O BOX 519
PORT SAINT JOE, FL 32457

FEI Number: 26-3276745

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARR, WILLIAM HJR.
104 SUNSET CIRCLE
PORT SAINT JOE, FL 32456 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	MGRM	Title	MANAGER
Name	CARR, WILLIAM HJR	Name	CARR, BARBARA
Address	P O BOX 519	Address	208 REID AVE
City-State-Zip:	PORT SAINT JOE FL 32457	City-State-Zip:	PORT SAINT JOE FL 32456

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: WILLIAM H CARR JR

MGRM

01/25/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date