

**2016 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  
Name CARR, WILLIAM HJR  
Address P O BOX 519  
City-State-Zip: PORT SAINT JOE FL 32457

*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

03/01/2016

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

\_\_\_\_\_ Date