

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000080923

**Entity Name:** WATTS TEAM REALTY, LLC

**Current Principal Place of Business:**

1792 TWIN PINE BLVD  
GULF BREEZE, FL 32563

**Current Mailing Address:**

1792 TWIN PINE BLVD  
GULF BREEZE, FL 32563

**FEI Number:** 45-2748626

**Certificate of Status Desired:** No

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

WATTS, DAWN W  
1792 TWIN PINE BLVD  
GULF BREEZE, FL 32563 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           | MGR                  | Title           | MGRM                 |
| Name            | WATTS, DAWN W        | Name            | WATTS, JACQUELYN     |
| Address         | 1792 TWIN PINE BLVD  | Address         | 1792 TWIN PINE BLVD  |
| City-State-Zip: | GULF BREEZE FL 32563 | City-State-Zip: | GULF BREEZE FL 32563 |

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAWN W. WATTS

**MANAGER**

**01/25/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date