

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000078254

**Entity Name:** SALT ISLAND PROVISIONS LLC

**Current Principal Place of Business:**

830 FLEMING ST  
KEY WEST, FL 33040

**Current Mailing Address:**

P O BOX 48  
KEY WEST, FL 33041 US

**FEI Number:** 46-2937394

**Certificate of Status Desired:** No

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

KELLEY, ALBERT L  
926 TRUMAN AVE.  
KEY WEST, FL 33040 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:** ALBERT L. KELLEY

04/22/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name NARENKIVICIUS, KIM M  
Address P O BOX 48  
City-State-Zip: KEY WEST FL 33041

*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:** KIM NARENKIVICIUS

MGR

04/22/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date