Certificate of Status Desired: No	
h, in the State of Florida.	
01/16/2015	
01/16/2015 Date	

City-State-Zip: TREASURE ISLAND FL 33706

AMBR

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: FREDERIC H. WOOD

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: SALTY SEAS, LLC

Current Principal Place of Business:

City-State-Zip: TREASURE ISLAND FL 33706

850 115TH AVENUE TREASURE ISLAND, FL 33706

Current Mailing Address:

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L14000076835

FILED Jan 16, 2015 Secretary of State CC6935469008

01/16/2015 Date