

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000093457

Entity Name: SAINTS OF OLD FLORIDA L.L.C.

Current Principal Place of Business:

1403 LONG AVE.
PORT ST. JOE, FL 32456

Current Mailing Address:

1403 LONG AVE.
PORT ST. JOE, FL 32456

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOVAK, JEREMY T.M.
402 REID AVE.
PORT ST. 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 AMBR
Name FARRELL, MELISSA
Address 236 BALBOA ST.
City-State-Zip: PORT ST. JOE FL 32456

Title AMBR
Name RAFFIELD, EMILY
Address 2071 STATE ROAD 30A
City-State-Zip: PORT ST. JOE FL 32456

Title AMBR
Name MCDERMOTT, CHRISTINA
Address 1403 LONG AVE.
City-State-Zip: PORT ST. 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: CHRISTINA MCDERMOTT

AMRB

02/02/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date