

**2018 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

**PRINCIPAL**

**03/23/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date