

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000024338

**Entity Name:** SWEET RETREAT NAVARRE LLC

**Current Principal Place of Business:**

2225 WHISPERING PINES BLVD  
NAVARRE, FL 32566

**Current Mailing Address:**

2225 WHISPERING PINES BLVD  
NAVARRE, FL 32566

**FEI Number:** 81-1510327

**Certificate of Status Desired:** No

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

PERTTU, CHRISTINA L  
2225 WHISPERING PINES BLVD  
NAVARRE, FL 32566 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  
Name PERTTU, CHRISTINA  
Address 2225 WHISPERING PINES BLVD  
City-State-Zip: NAVARRE FL 32566

Title AMGR  
Name PERTTU, ROGER  
Address 5465 NICHOLAS AVE  
City-State-Zip: WILLISTON ND 58801

Title AMGR  
Name PERTTU, DEBRA  
Address 5465 NICHOLAS AVE  
City-State-Zip: WILLISTON ND 58801

Title AMGR  
Name DUBY, ANGELA  
Address 47338 FORTON ST  
City-State-Zip: CHESTERFIELD MI 48047

*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 LYNN PERTTU

**MANAGER**

**03/09/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date