

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007653

Entity Name: SALTSCAPE SOLUTIONS, LLC

FILED  
Jan 19, 2009  
Secretary of State

**Current Principal Place of Business:**

14261 CLUBHOUSE DR.  
BOKEELIA, FL 33922

**New Principal Place of Business:**

**Current Mailing Address:**

14261 CLUBHOUSE DR.  
BOKEELIA, FL 33922

**New Mailing Address:**

FEI Number: 02-0683900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STEWART T. BENNETT  
14261 CLUBHOUSE DR.  
BOKEELIA, FL 33922 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BENNETT, STEWART T  
Address: 14261 CLUBHOUSE DR.  
City-St-Zip: BOKEELIA, FL 33922

Title: MGRM ( ) Delete  
Name: ABSHIRE, MICHAEL  
Address: 5560 BEE RIDGE RD. #D1  
City-St-Zip: SARASOTA, FL 34233

Title: MGRM ( ) Delete  
Name: BENNETT, CINDY L  
Address: 13181 WAYBACK RD.  
City-St-Zip: BOKEELIA, FL 33922

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: STEWART T. BENNETT

MGRM

01/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date