


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90439 035 ****50.00

DOCUMENT # L02000017825 1. Entity Name SEA SPRAY LLC					
Principal Place of Business 500 NAUTICAL BLVD. NORTH ATLANTIC BEACH, FL 32233			Mailing Address 500 NAUTICAL BLVD. NORTH ATLANTIC BEACH, FL 32233		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03062007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 55-0787187	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HARPSTER, TAMMY LYNN 500 NAUTICAL BLVD. NORTH ATLANTIC BEACH, FL 32233				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS/MANAGERS </div> <div style="width: 48%;"> 10. ADDITIONS/CHANGES </div> </div>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARPSTER, TAMMY L 500 NAUTICAL BLVD. NORTH ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Tammy L. Harpster Date _____ Daytime Phone # _____