

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000032977
1. Entity Name
M & S PROPERTIES OF BAY COUNTY, LLC



Principal Place of Business
8905 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407
US

Mailing Address
8905 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



1st MOORE CR2E083 (10/04)

4. FEI Number 06-1668921 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MCLELLAND, SCOTT D
8905 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCLELLAND, SCOTT D 8905 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SLEETH, CHARLES D 8905 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

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04/27/05-80146-006 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* 4-25-05 250-235-1877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #