

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90034 016 \*\*\*\*50.00

**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

8905 FRONT BEACH RD  
Suite, Apt. #, etc.  
Panama City Beach

3. Mailing Address

8905 FRONT BEACH RD.  
Suite, Apt. #, etc.  
Panama City Beach

City & State

FL

Zip

32407

Country

Bay

City & State

FL

Zip

32407

Country

Bay

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

Signature, typed or printed name of registered agent and title if applicable

(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, 2006**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trustee or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-18-06

850-235-2977

Date

Daytime Phone #