LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90999 012 ****50.00

DOCUMENT # L02000032977

1. Entity Name

M & S PROPERTIES OF BAY COUNTY, LLC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
8905 Front Beach Road		8905 Front Beach Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Panama City Beach Fl.		City & State: Panama City Beach, Fl	
Zip: 32407	Country: Bay	Zip: 32407	Country: Bay

4. FEI Number 06-1668921 ☐ Applied For ☐ Not Applicable

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

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7. **Name and Address of Current Registered Agent**

Name: Scott D. McLelland
Street Address (P.O. Box Number is Not Acceptable): 8905 Front Beach Road
City: Panama City Beach **FL** Zip Code: 32407

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. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	PD
NAME	McLelland,Scott D
STREET ADDRESS	8905 Front Beach Road
CITY-ST-ZIP	Panama City Beach, Fl 32407
TITLE	PD
NAME	Sleeth, Charles D.
STREET ADDRESS	8905 Front Beach Road
CITY-ST-ZIP	Panama City Beach, Fl. 32407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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CR2E083B (12/02)

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] Scott D. McLelland 4/24/03 850-235-2877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #