# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 25, 2009**
**Secretary of State**

DOCUMENT# L03000053904

**Entity Name:** SELENE COASTAL EXPERIENCE, LLC

**Current Principal Place of Business:**

103 SNEED DRIVE
TAYLORS, SC 39687

**New Principal Place of Business:**

103 SNEED DRIVE
TAYLORS, SC 29687

**Current Mailing Address:**

103 SNEED DRIVE
TAYLORS, SC 39687

**New Mailing Address:**

103 SNEED DRIVE
TAYLORS, SC 29687

**FEI Number: 57-1196037** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

C. TED FRENCH
2033 MAIN STREET, SUITE 304
SARASOTA, FL 34237 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: MACATEE, MICHAEL
Address: 103 SNEED DRIVE
City-St-Zip: TAYLORS, SC 39687

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: MACATEE, MICHAEL
Address: 103 SNEED DRIVE
City-St-Zip: TAYLORS, SC 29687

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: MICHAEL MACATEE MGRM 01/25/2009

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