

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071672

FILED
Apr 05, 2011
Secretary of State

Entity Name: SALTWATER DEVELOPMENT, LLC

Current Principal Place of Business:

805 HARRISON AVE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

1301 MASSACHUSETTS AVE
LYNN HAVEN, FL 32444

New Mailing Address:

805 HARRISON AVE
PANAMA CITY, FL 32401

FEI Number: 20-4532598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALE, RALEIGH P
1301 MASSACHUSETTS AVE
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

WELCH, KRISTIE B
805 HARRISON AVE
PANAMA CITY, FL 32401 US

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: KRISTIE WELCH

04/05/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SALE, RALEIGH P MGRM
Address: 1301 MASSACHUSETTS AVE.
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM
Name: MCKENZIE, NEIL MGRM
Address: 1501 NEW JERSEY AVE.
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM
Name: MCRAE, PATRICK MGRM
Address: 1105 NEW JERSEY AVE.
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM
Name: WELCH, JASON MGRM
Address: 357 MERCEDES AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM
Name: DOOLITTLE, MORGAN MGRM
Address: 334 MERCEDES AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM
Name: NOLTE, ERIK MGRM
Address: 1705 MINNESOTA AVE.
City-St-Zip: LYNN HAVEN, FL 32444

I hereby 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: JASON WELCH

MGRM

04/05/2011

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