

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90164 021 ***155.00

DOCUMENT # L06000045201

1. Entity Name
SEAMENT POND, LLC



Principal Place of Business
**504 NORRIEGO DR.
DESTIN, FL 32541**

Mailing Address
**504 NORRIEGO DR.
DESTIN, FL 32541**

2. Principal Place of Business - No P.O. Box #
503 B Harbor Blvd
Suite, Apt. #, etc.

3. Mailing Address
503 B Harbor Blvd
Suite, Apt. #, etc.



03182007 Chg-LLC CR2E083 (12/06)

City & State
Destin FL
Zip
32541 Country
USA

City & State
Destin FL
Zip
32541 Country
USA

4. FEI Number
20-4917075 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAUGHT, BRUCE A
385 HIGHWAY 98
220
DESTIN, FL**

7. Name and Address of New Registered Agent

Name
Lori Schmitz
Street Address (P.O. Box Number is Not Acceptable)

173 Turquoise Bch Drive

City
Santa Rosa Bch FL Zip Code
32459

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 (Applicable)

(NOTE: Registered Agent signature required when reissuing)

DATE

3/17/7

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BEST, DOUGLAS E
906 GOTHIC RD
MT. CRESTED BUTTE, CO 81224** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BEST, HELEN J
908 GOTHIC RD.
MT. CRESTED BUTTE, CO 81224** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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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

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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 receiver 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

DATE

Daytime Phone #

3/17/7

850/837-0955