

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000010963

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** SALTWATER SISTERS, LLC

**Current Principal Place of Business:**

74 KANTAGREE TRAIL  
OSTEEN, FL 32764

**New Principal Place of Business:**

**Current Mailing Address:**

74 KANTAGREE TRAIL  
OSTEEN, FL 32764

**New Mailing Address:**

**FEI Number:** 20-8567781

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHOLAR, PATTI S  
74 KANTAGREE TRAIL  
OSTEEN, FL 32764 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:** PRES  
**Name:** SCHOFIELD, STACEY  
**Address:** 2709 CATTAIL CT.  
**City-St-Zip:** LONGWOOD, FL 32779

**Title:** VP  
**Name:** SHOLAR, PATTI S  
**Address:** 74 KANTAGREE TR  
**City-St-Zip:** OSTEEN, FL 32764

**Title:** SEC  
**Name:** SCHOFIELD, DAVID E  
**Address:** 4240 S PENINSULA DR  
**City-St-Zip:** PORT ORANGE, FL 32127

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:** PATTI SHOLAR

VP

04/30/2010

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