

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000057573

Entity Name: TURTLE CROSSING, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

814A SHADOW LANE
FT. WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

814A SHADOW LANE
FT. WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 26-0305649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WENTZ, AARON B ESQ.
814A SHADOW LANE
FT. WALTON BEACH, FL 32547 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: WENTZ, AARON B
Address: 605 CAMBRIDGE AVENUE
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: MGRM () Delete
Name: WENTZ, SUSAN J
Address: 605 CAMBRIDGE AVENUE
City-St-Zip: FT. WALTON BEACH, FL 32547

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: AARON B. WENTZ

MGRM

04/30/2009

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