

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000052756

Entity Name: WHITE SAND EVENTS, LLC

**FILED**  
**Feb 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

208 REID AVENUE  
PORT SAINT JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

319 REID AVENUE  
PORT SAINT JOE, FL 32456

**New Mailing Address:**

414 REID AVENUE  
PORT SAINT JOE, FL 32456

FEI Number: 26-2689274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARR, LYNNE O  
204 GAUTIER MEMORIAL LANE  
PORT SAINT JOE, FL 32456 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  
Name: CARR, LYNNE O  
Address: 204 GAUTIER MEMORIAL LANE  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: MGRM  
Name: JACOBS, LEZLE A  
Address: 1024 WOODWARD AVENUE  
City-St-Zip: PORT SAINT JOE, FL 32456

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: LEZLE JACOBS

OWNE

02/12/2010

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