

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000076430

Entity Name: SALTY SISTERS, L.L.C.

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

65 TRADEWINDS DR.  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

65 TRADEWINDS DR.  
SANTA ROSA BEACH, FL 32459 UN

**Current Mailing Address:**

65 TRADEWINDS DR.  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

FEI Number: 37-1643643      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GIBSON, CARYL  
65 TRADEWINDS DR.  
SANTA ROSA BEACH, FL 32459 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: MGR  
Name: GIBSON, CARYL  
Address: 65 TRADEWINDS DR.  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM  
Name: FLOWERS, PHYLLIS  
Address: 6851 WINSLOW DR  
City-St-Zip: SARASOTA, FL 34243

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: PHYLLIS FLOWERS

MGMR

03/23/2012

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