

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000080923

**Entity Name:** WATTS TEAM REALTY, LLC

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1792 TWIN PINE BLVD  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

**Current Mailing Address:**

1792 TWIN PINE BLVD  
GULF BREEZE, FL 32563

**New Mailing Address:**

**FEI Number:** 45-2748626

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WATTS, DAWN W  
1792 TWIN PINE BLVD  
GULF BREEZE, FL 32563 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:** WATTS, DAWN W  
**Address:** 1792 TWIN PINE BLVD  
**City-St-Zip:** GULF BREEZE, FL 32563

**Title:** MGRM  
**Name:** WATTS, JACQUELYN  
**Address:** 1792 TWIN PINE BLVD  
**City-St-Zip:** GULF BREEZE, FL 32563

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:** DAWN W. WATTS

MR.

01/04/2012

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