


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000003653 1. Entity Name ARM'S REACH WHITE SAILS, LLC	
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Principal Place of Business SUITE 600, THE KRYSTAL BUILDING ONE UNION SQUARE CHATTANOOGA, TN 37402	Mailing Address SUITE 600, THE KRYSTAL BUILDING ONE UNION SQUARE CHATTANOOGA, TN 37402
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DO NOT WRITE IN THIS SPACE



01102005No Chg-LLC CR2E083 (10/03)

4. FEI Number 62-1792533	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STRIBLING, G. BOONE
15883 MEADOWWOOD DR
WELLINGTON, FL 33414

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUZZORT, PAMELA K SUITE 600, THE KRYSTAL BLDG., ONE UNION SQ CHATTANOOGA, TN 37402
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01/20/05-80039-011 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Pamela K. Cuzzort Pamela K. Cuzzort 1/10/05 423-756-1202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #