

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000003653

1. Entity Name  
ARM'S REACH WHITE SAILS, LLC



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



01092008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
62-1792533

Applied For  
Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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U00000783776  
01/16/08-80028-013 143.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-9-08

Date

423 756 1202

Daytime Phone #