

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000053904

**Entity Name:** SELENE COASTAL EXPERIENCE, LLC

**Current Principal Place of Business:**

103 SNEED DRIVE  
TAYLORS, SC 29687

**Current Mailing Address:**

103 SNEED DRIVE  
TAYLORS, SC 29687

**FEI Number:** 57-1196037

**Certificate of Status Desired:** No

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

C. TED FRENCH  
2033 MAIN STREET, SUITE 304  
SARASOTA, FL 34237 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name MACATEE, MICHAEL  
Address 103 SNEED DRIVE  
City-State-Zip: TAYLORS SC 29687

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL R. MACATEE

MGRM

02/06/2013

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date