

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000014879

**Entity Name:** SIP OF BAY COUNTY, LLC

**Current Principal Place of Business:**

602 HARRISON AVE  
SUITE ONE  
PANAMA CITY, FL 32401

**Current Mailing Address:**

P. O. BOX 426  
PANAMA CITY, FL 32402

**FEI Number:** 20-0796842

**Certificate of Status Desired:** No

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

SALE, JR., THOMAS  
602 HARRISON AVE. SUITE ONE  
PANAMA CITY, FL 32401 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 MGR  
Name SALE, RALEIGH P  
Address 1301 MASSACHUSETTS  
City-State-Zip: LYNN HAVEN FL 32444

Title MGRM  
Name SALE, JR., THOMAS  
Address 602 HARRISON AVENUE, SUITE ONE  
City-State-Zip: PANAMA CITY FL 32401

Title MGRM  
Name SALE, GERALDINE W  
Address 602 HARRISON AVENUE, SUITE ONE  
City-State-Zip: PANAMA CITY FL 32401

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS SALE, JR.

**MANAGING MEMBER**

**01/08/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date