

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000071682

Entity Name: SALTAIRE 18, LLC

Current Principal Place of Business:

5830 MIDNIGHT PASS ROAD
SARASOTA, FL 34242

Current Mailing Address:

POST OFFICE BOX 5
SARASOTA, FL 34230 US

FEI Number: 27-2189192

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FELDMAN, MARC H
3908 26TH STREET WEST
BRADENTON, FL 34205 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 THOMAS, WILLIAM S
Address POST OFFICE BOX 5
City-State-Zip: SARASOTA FL 34230

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: WILLIAM S. THOMAS

MGRM

01/19/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date