

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000147947

**Entity Name:** FLAT SADDLE LLC

**Current Principal Place of Business:**

8865 W HIGHWAY 98  
PORT SAINT JOE, FL 32456

**Current Mailing Address:**

8865 W HIGHWAY 98  
PORT SAINT JOE, FL 32456 US

**FEI Number:** 81-3521584

**Certificate of Status Desired:** No

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

WOOD, GLENNA J  
8865 W HIGHWAY 98  
PORT SAINT JOE, FL 32456 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 WOOD, GLENNA J  
Address 8865 W HIGHWAY 98  
City-State-Zip: PORT SAINT JOE FL 32456

*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:** GLENNA J WOOD

MANAGER

02/11/2017

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

\_\_\_\_\_ Date