

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000245998

Entity Name: WATERSOUND CLOSINGS & ESCROW, LLC**Current Principal Place of Business:**274 SERENOA RD
UNIT 1B
SANTA ROSA BEACH, FL 32459**Current Mailing Address:**274 SERENOA RD
UNIT 1B
SANTA ROSA BEACH, FL 32459 US**FEI Number:** 84-3339765**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALTERS, ELIZABETH J
130 RICHARD JACKSON BLVD
SUITE 200
PANAMA CITY BEACH, FL 32407 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	PRESIDENT
Name	WALTERS, ELIZABETH J
Address	130 RICHARD JACKSON BLVD SUITE 200
City-State-Zip:	PANAMA CITY BEACH FL 32407

Title	VP - TREASURER
Name	BAKUN, MAREK
Address	130 RICHARD JACKSON BLVD SUITE 200
City-State-Zip:	PANAMA CITY BEACH FL 32407

Title	SECRETARY
Name	WALTERS, ELIZABETH J
Address	130 RICHARD JACKSON BLVD SUITE 200
City-State-Zip:	PANAMA CITY BEACH FL 32407

Title	ASST. SECRETARY
Name	MCCLURE, CHRISTINE
Address	130 RICHARD JACKSON BLVD SUITE 200
City-State-Zip:	PANAMA CITY BEACH FL 32407

Title	ASST. SECRETARY
Name	LEWIS, LYNNE
Address	130 RICHARD JACKSON BLVD SUITE 200
City-State-Zip:	PANAMA CITY BEACH FL 32407

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: /S/ MAREK BAKUN

VP-TREASURER

04/20/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date