

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000282834

**Entity Name:** SALT SPRAY NOOK LLC

**Current Principal Place of Business:**

6 ALEXANDER LN.  
CROTON ON HUDSON, NY 10520

**Current Mailing Address:**

6813 SATINLEAF RD. S  
APT. 103  
NAPLES, FL 34109 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BARNES, BEVERLY  
6813 SATINLEAF RD. S  
APT. 103  
NAPLES, FL 34109 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            AMBR  
Name            BARNES, JONATHAN  
Address        6 ALEXANDER LN.  
City-State-Zip: CROTON ON HUDSON NY 10520

*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:** JONATHAN BARNES

**MEMBER**

**02/08/2026**

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

\_\_\_\_\_  
Date