#### 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.

MGR

SIGNATURE: JOHN CANNON

Electronic Signature of Signing Authorized Person(s) Detail

#### Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	CANNON, JOHN	Name	BAUMAN, ROBB A
Address	8870 N. HIMES AVE, SUITE 328	Address	8870 N. HIMES AVE, SUITE 328
City-State-Zip:	TAMPA FL 33614	City-State-Zip:	TAMPA FL 33614
Title	MGRM	Title	MGRM
Title Name	MGRM BAUMAN, RONALD T	Title Name	MGRM BAUMAN, MICHAEL
Name	BAUMAN, RONALD T	Name	BAUMAN, MICHAEL

SIGNATURE: ROBERT W. HENDRICKSON, III, ESQ

Electronic Signature of Registered Agent

# **Current Mailing Address:**

8870 N. HIMES AVE #328 TAMPA, FL 33614

#### FEI Nu

### Name

FEI Number: 45-4602166	Certificate of Status Desired:	
Name and Address of Current Registered Agent:		
HARRISON & KIRKLAND. P.A. 1206 MANATEE AVENUE WEST BRADENTON, FL 34205 US		
The above named entity submits this statement for the purpose of changing its registered office or regis	stered agent, or both, in the State of Florida.	

#### 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L12000021643

## Entity Name: POSEIDON ADVENTURES DEVELOPMENT GROUP, LLC

**Current Principal Place of Business:** 

8870 N HIMES AVE 328 TAMPA, FL 33614

#### FILED Feb 13, 2017 Secretary of State CC0000351470

ed: No

02/13/2017

02/13/2017 Date