

**2016 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

**Current Mailing Address:**

8870 N. HIMES AVE  
#328  
TAMPA, FL 33614

**FEI Number:** 45-4602166

**Certificate of Status Desired:** No

**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 registered agent, or both, in the State of Florida.*

**SIGNATURE:** ROBERT W. HENDRICKSON, III, ESQ

02/11/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CANNON, JOHN  
Address 8870 N. HIMES AVE, SUITE 328  
City-State-Zip: TAMPA FL 33614

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

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

Title MGRM  
Name BAUMAN, MICHAEL  
Address 8870 N. HIMES AVE, SUITE 328  
City-State-Zip: TAMPA FL 33614

*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:** RONALD T BAUMAN

MGR

02/11/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date