

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000090894

Entity Name: ST. AUGUSTINE BIPLANE RIDES LLC

Current Principal Place of Business:

4900 US 1 NORTH
SUITE 100
ST. AUGUSTINE, FL 32095

Current Mailing Address:

4900 US 1 NORTH
SUITE 100
ST. AUGUSTINE, FL 32095

FEI Number: 46-0561290

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GENET, DAVID S
4900 US 1 NORTH
SUITE 100
ST. AUGUSTINE, FL 32095 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 MANAGER
Name DAVID S. GENET
Address 4900 US 1 NORTH
 SUITE 100
City-State-Zip: ST. AUGUSTINE FL 32095

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: DAVID S. GENET

MANAGER

04/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date