

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000090894

**FILED**  
**Apr 21, 2016**  
**Secretary of State**  
**CC2621940046**

**Entity Name:** ST. AUGUSTINE BIPLANE RIDES LLC

**Current Principal Place of Business:**

ST. AUGUSTINE BIPLANE RIDES  
270 ESTRELLA AVE. HANGAR I-4  
ST. AUGUSTINE, FL 32095

**Current Mailing Address:**

ST. AUGUSTINE BIPLANE RIDES  
270 ESTRELLA AVE. HANGAR I-4  
ST. AUGUSTINE, FL 32095 US

**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**

**04/21/2016**

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

\_\_\_\_\_  
Date