

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000090894

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

**Current Principal Place of Business:**

ST. AUGUSTINE BIPLANE RIDES  
69 PALMER ST.  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

ST. AUGUSTINE BIPLANE RIDES  
69 PALMER ST.  
ST. AUGUSTINE, FL 32084 US

**FEI Number:** 46-0561290

**Certificate of Status Desired:** No

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

GENET, DAVID S  
ST. AUGUSTINE BIPLANE RIDES  
69 PALMER ST.  
ST. AUGUSTINE, FL 32084 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           GENET , DAVID S  
Address        ST. AUGUSTINE BIPLANE RIDES  
                  69 PALMER ST.  
City-State-Zip: ST. AUGUSTINE FL 32084

*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**

**06/19/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date