

2021 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 GENET

MANAGER

05/01/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date