

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000132106

Entity Name: POSEIDON ADVENTURES ON SPRING AVENUE, 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: 46-1238904

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHRS, DENIS AESQ.
2841 EXECUTIVE DRIVE
SUITE 120
CLEARWATER, FL 33762 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 MGR
Name BAUMAN, ROBB A
Address 8870 N. HIMES AVE. #328
City-State-Zip: TAMPA FL 33614

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

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

Title MGR
Name BAUMAN, MICHAEL
Address 8870 N. HIMES AVE. #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

01/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date