

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000075707

**Entity Name:** MISADVENTURES, LLC

**Current Principal Place of Business:**

935 NW 197TH AVE.  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

P.O. BOX 298607  
PEMBROKE PINES, FL 33029

**FEI Number: 27-2913204**

**Certificate of Status Desired: No**

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

GULDI, SARA  
935 NW 197TH AVE.  
PEMBROKE PINES, FL 33029 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 MGRM  
Name GULDI, CHRISTOPHER  
Address 935 NW 197TH AVE.  
City-State-Zip: PEMBROKE PINES FL 33029

Title MGRM  
Name GULDI, SARA  
Address 935 NW 197TH AVE.  
City-State-Zip: PEMBROKE PINES FL 33029

*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: CHRISTOPHER GULDI**

**MEMBER**

**02/18/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date