

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000085602

**FILED**  
**Feb 05, 2016**  
**Secretary of State**  
**CC3121222638**

**Entity Name:** 2621 ADVENTURELAND ALTOONA IA, LLC

**Current Principal Place of Business:**

4280 PROFESSIONAL CENTER DR, SUITE 100  
SUITE 100  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

4280 PROFESSIONAL CENTER DR, SUITE 100  
SUITE 100  
PALM BEACH GARDENS, FL 33410 UN

**FEI Number:** 47-0962418

**Certificate of Status Desired:** Yes

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

FERNANDEZ, CRISTIAN J ESQ.  
4280 PROFESSIONAL CENTER DR,  
SUITE 110  
PALM BEACH GARDENS, FL 33410 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 AMBROSINO, TRACI L  
Address 4280 PROFESSIONAL CENTER DR,  
SUITE 100  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title MGR  
Name FORBERGER, PAUL  
Address 4280 PROFESSIONAL CENTER DR,  
SUITE 100  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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:** TRACI L AMBROSINO

**MANAGER**

**02/05/2016**

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

\_\_\_\_\_  
Date