

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000033405

**Entity Name:** CATTYWAMPUS AQUATIC ADVENTURES LLC

**Current Principal Place of Business:**

117 CANOPY COVE  
FREEPORT, FL 32439

**Current Mailing Address:**

117 CANOPY COVE  
FREEPORT, FL 32439 US

**FEI Number:** 47-3298766

**Certificate of Status Desired:** No

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

WALLEY, REX  
117 CANPOY COVE  
FREEPORT, FL 32439 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           | AMBR              | Title           | MGR                |
| Name            | WALLEY, REX D     | Name            | WALLEY, KRISTEEN K |
| Address         | 117 CANOPY COVE   | Address         | 117 CANOPY COVE    |
| City-State-Zip: | FREEPORT FL 32439 | City-State-Zip: | FREEPORT FL 32439  |

*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:** REX WALLEY

AMBR

04/07/2021

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

\_\_\_\_\_  
Date