

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000085042

Entity Name: GULF OF MEXICO TRIPS LLC**Current Principal Place of Business:**4300 BAYOU BLVD NO. 35V
PENSACOLA, FL 32503**Current Mailing Address:**4300 BAYOU BLVD NO. 35V
PENSACOLA, FL 32503 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEGALINC CORPORATE SERVICES, INC.
5237 SUMMERLIN COMMONS
SUITE 400
FORT MYERS, FL 33907 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
Name MICHAEL, TERESA
Address 18650 FT MORGAN ROAD
City-State-Zip: GULF SHORES AL 36542

Title AMBR
Name CAST, ELSKE-MICHAELA
Address 65 CAST WAY
City-State-Zip: SAULSBURY TN 38067

Title AMBR
Name CAST, T-SABINE
Address 65 CAST WAY
City-State-Zip: SAULSBURY TN 38067

Title AMBR
Name CAST, NOMIA
Address 18650 FT MORAN ROAD
City-State-Zip: GULF SHORES AL 36542

Title AMBR
Name CAST, CLIFFORD
Address 4300 BAYOU BLVD NO. 35V
City-State-Zip: PENSACOLA FL 32503

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: CLIFFORD CAST

AMBR

03/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date