

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000062547

**Entity Name:** 610 ADVENTURES LLC

**Current Principal Place of Business:**

395 W NEW ENGLAND DRIVE  
ELKTON, FL 32033

**Current Mailing Address:**

395 W NEW ENGLAND DRIVE  
ELKTON, FL 32033

**FEI Number:** 81-2050660

**Certificate of Status Desired:** No

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

RAISING CENTS  
475 WEST TOWN PLACE  
STE 205-B  
ST AUGUSTINE, FL 32092 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	MBR	Title	MBR
Name	FRASER, ALYSSA	Name	BARNES, THERON
Address	395 W NEW ENGLAND DR	Address	395 W NEW ENGLAND DR
City-State-Zip:	ELKTON FL 32033	City-State-Zip:	ELKTON FL 32033

*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:** ALYSSA FRASER

MBR

04/27/2018

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

\_\_\_\_\_  
Date