

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000128926

**Entity Name:** SEMINOLE WIND AIRBOAT TOURS LLC

**Current Principal Place of Business:**

9700 SW RIVERVIEW CIRCLE  
LAKE SUZY, FL 34269

**Current Mailing Address:**

1397 NE BROWNVILLE ST.  
ARCADIA, FL 34266

**FEI Number:** 82-1911232

**Certificate of Status Desired:** No

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

MILLS, AMY Y  
1397 NE BROWNVILLE ST  
ARCADIA, FL 34266 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 MILLS, DAVID  
Address 1397 NE BROWNVILLE ST  
City-State-Zip: ARCADIA FL 34266

Title AMBR  
Name MILLS, COLTON  
Address 5228 NE COUNTRY RANCHES RD  
City-State-Zip: ARCADIA FL 34266

Title AMBR  
Name MILLS, HANNAH  
Address 5228 NE COUNTRY RANCHES RD  
City-State-Zip: ARCADIA FL 34266

Title AMBR  
Name MILLS, AMY  
Address 1397 NE BROWNVILLE ST  
City-State-Zip: ARADIA FL 34266

*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:** AMY MILLS

AMBR

06/28/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date