

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000034147

**Entity Name:** ACTIVE ACTIVITIES LLC

**Current Principal Place of Business:**

287 SERVIA DR  
SAINT JOHNS, FL 32259

**Current Mailing Address:**

PO BOX 56172  
JACKSONVILLE, FL 32241

**FEI Number:** 83-3529159

**Certificate of Status Desired:** No

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

SMITH, BOBBY JR  
287 SERVIA DR  
SAINT JOHNS, FL 32259 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 SMITH, BOBBY JR  
Address 287 SERVIA DR  
City-State-Zip: SAINT JOHNS FL 32259

*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:** BOBBY SMITH JR

MGR

04/30/2024

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

\_\_\_\_\_ Date