

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000005713

**Entity Name:** MYSTIC ADVENTURE SAILS, LLC

**Current Principal Place of Business:**

41 BROOKS DRIVE, SUITE 1005  
BRAINTREE, MA 02184

**Current Mailing Address:**

41 BROOKS DRIVE, SUITE 1005  
BRAINTREE, MA 02184 US

**FEI Number:** 30-0832137

**Certificate of Status Desired:** No

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

WELCH, EDWARD ESQ  
2 SOUTH BISCAYNE BLVD 21ST FLOOR  
MIAMI, FL 33131 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

**Officer/Director Detail :**

Title            CDP  
Name            SHAUGHNESSY, KIM MARIE  
Address        41 BROOKS DRIVE, SUITE 1005  
City-State-Zip: BRAINTREE MA 02184

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KIM MARIE SHAUGHNESSY

CDP

05/06/2016

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date