

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000031862

1. Entity Name
CANCUN LAGOON OF THE AMERICAS LLC



Principal Place of Business
**2430 SOUTH ATLANTIC AVE.
SUITE F
DAYTONA BEACH SHORES, FL 32118**

Mailing Address
**2430 SOUTH ATLANTIC AVE.
SUITE F
DAYTONA BEACH SHORES, FL 32118**



02212006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2152974

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEST, BRADFORD D ESQ.
731 VIA LOMBARDY
WINTER PARK, FL FL**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WEST, BRADFORD D
2430 S ATLANTIC AVE STE F
DAYTONA BEACH SHORES, FL 32118**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MILLER, CRAIG S
2430 S ATLANTIC AVE STE F
DAYTONA BEACH SHORES, FL 32118**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WETHERELL, WILLIAM J
2430 S ATLANTIC AVE STE F
DAYTONA BEACH SHORES, FL 32118**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000459758
03/18/06-80044-018 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

3-2-06

386-255-7336

Date

Daytime Phone #