

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025149

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** FLOATING ADVENTURES, LLC

**Current Principal Place of Business:**

420 S. DIXIE HIGHWAY  
4B  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

420 S. DIXIE HIGHWAY  
4B  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 20-2490807

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES REGISTERED AGENTS, INC.  
420 S. DIXIE HIGHWAY  
4B  
CORAL GABLES, FL 33146 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HOFMANN, JOHN L  
Address: 420 S. DIXIE HIGHWAY, SUITE 4B  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM  
Name: FAY, MICHAEL T  
Address: 95 MERRICK WAY, SUITE 380  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM  
Name: LLANES, JESUS M  
Address: 8299 SW 110 TERRACE  
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JOHN L HOFMANN

MGRM

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date