2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000076768

1. Entity Name

LA DOLCE VITA WATERSPORTS LLC



Principal Place of Business

Mailing Address

15400 EMERALD COAST PARKWAY SUITE 206

15400 EMERALD COAST PARKWAY SUITE 206

DESTIN, FL 32550

DESTIN, FL 32550

FILED Jul 24, 2008 8:00 am Secretary of State

07-24-2008 90047 001 ***416.25

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07142008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number
	20-4297407

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

UHLFELDER, DANIEL W 125 E. COUNTY ROAD 30A GRAYTON BEACH, FL 32459

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·		IN THIS STAGE	
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: Register	wed Agent signature required when reinstating) DATE	
FILE NOWIII FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARLIN, AMY 15400 EMERALD COAST PARKWAY DESTIN, FL 32550		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

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 expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

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

421.00

Daytime Phone #