

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000106974

Entity Name: FUN RIDE RENTALS, LLC

**FILED**  
**May 02, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1500 MAPLE ST.  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

1500 MAPLE ST.  
CLEARWATER, FL 33755

**New Mailing Address:**

FEI Number: 20-3728914      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

TAYLOR, CLAUDETTE E  
1443 FOREST RD  
CLEARWATER, FL 33755      US

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

TAYLOR, CLAUDETTE E  
1500 MAPLE ST.  
CLEARWATER, FL 33755      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

05/02/2010

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TAYLOR, CLAUDETTE E  
Address: 1500 MAPLE ST.  
City-St-Zip: CLEARWATER, FL 33755

Title: MGRM  
Name: DE BERZZINAE, SANDRA  
Address: 1500 MAPLE ST.  
City-St-Zip: CLEARWATER, FL 33755

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: CLAUDETTE TAYLOR

MGRM

05/02/2010

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