

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90113 020 ***143.75

DOCUMENT # L06000004657

1. Entity Name
SORCHA ADVENTURES, LLC



Principal Place of Business
**450 CARILLON PARKWAY, SUITE 200
C/O DARLENE GRAYSON
ST. PETERSBURG, FL 33716**

Mailing Address
**450 CARILLON PARKWAY, SUITE 200
C/O DARLENE GRAYSON
ST. PETERSBURG, FL 33716**

50003550



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite

**D. GRAYSON
Genspring Family Offices
450 Carillon Parkway
Suite 200
St. Petersburg, FL 33716**

04022008

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-4110992

Applied For

Not Applicable

Zip

Country

Zip

St. Petersburg, FL 33716

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRAYSON, DARLENE
450 CARILLON PARKWAY, SUITE 200
ST. PETERSBURG, FL 33716**

7. Name and Address of New Registered Agent

Name

D. GRAYSON

Street Address (P.O. Box Number is Not Acceptable)

**450 Genspring Family Offices
450 Carillon Parkway**

City

Suite 200

FL

Zip Code

St. Petersburg, FL 33716

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, to be 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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MOREAN, WILLIAM D
520 4TH ST NORTH
SAINT PETERSBURG, FL 33701**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-10-08