

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000030649

1. Entity Name
OPEN OCEANS, LLC



Principal Place of Business
2297 BOGGY CREEK ROAD
KISSIMMEE, FL 34744

Mailing Address
2297 BOGGY CREEK ROAD
KISSIMMEE, FL 34744

FILED
Jul 24, 2008 08:00 AM
Secretary of State



07192008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4491351

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GROOVER, CLARAMARGARET H
1124 BRYN MAWR STREET
ORLANDO, FL 32804

**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 _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

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	P JACOBS, DAVID 1509 WEST COLONY AVENUE KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS VALVANO, JAMES T 1302 CINDA COURT ST. CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT JACOBS, REBECCA S 1509 WEST COLONY AVENUE KISSIMMEE, FL 34744
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07/24/08-80001-009 538.75

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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

Date

Daytime Phone #

7/19/08 407 944-2297