

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084266

FILED
Sep 10, 2008
Secretary of State

Entity Name: AMAZEMENT AIR BOUNCERS LLC

Current Principal Place of Business:

314 CARDIFF DRIVE
KISSIMMEE, FL 34758

New Principal Place of Business:

352 JACKSONVILLE COURT
KISSIMMEE, FL 34759

Current Mailing Address:

314 CARDIFF DRIVE
KISSIMMEE, FL 34758

New Mailing Address:

352 JACKSONVILLE COURT
KISSIMMEE, FL 34759

FEI Number: 36-4592972 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:

Name and Address of New Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 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

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RIVERA, VILMARIE
Address: 314 CARDIFF DRIVE
City-St-Zip: KISSIMMEE, FL 34758

Title: MGRM () Delete
Name: OROZCO, DORA
Address: 352 JACKSONVILLE COURT
City-St-Zip: KISSIMMEE, FL 34759

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RIVERA, VILMARIE
Address: 352 JACKSONVILLE COURT
City-St-Zip: KISSIMMEE, FL 34759

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: VILMARIE RIVERA

MGRM

09/10/2008

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