

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119170

Entity Name: BOATING TAMPA, LLC

FILED
Jun 15, 2009
Secretary of State

Current Principal Place of Business:

3010 W. STOVALL STREET
UNIT F
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

3010 W. STOVALL STREET
UNIT F
TAMPA, FL 33629

New Mailing Address:

FEI Number: 20-8038088 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:

HENTHORNE, JASON S
3010 W. STOVALL STREET
UNIT F
TAMPA, FL 33629 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: MGR () Delete
Name: HENTHORNE, JASON S
Address: 3010 W. STOVALL STREET
City-St-Zip: TAMPA, FL 33629

Title: MGR () Delete
Name: HAYDEN, KELLY
Address: 419 BARCELONA DRIVE
City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGR () Delete
Name: MYRE, SCOTT
Address: 4711 SAN MIGUEL
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

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

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

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: JASON HENTHORNE

MGR

06/15/2009

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