

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000039259

FILED  
Mar 15, 2011  
Secretary of State

**Entity Name:** VORTEX DIVING CENTER, LLC

**Current Principal Place of Business:**

1517 SPRING LANE  
PONCE DE LEON, FL 32455 US

**New Principal Place of Business:**

1517 VORTEX SPRING LANE  
PONCE DE LEON, FL 32455 US

**Current Mailing Address:**

981 HWY 98 E  
SUITE 3-419  
DESTIN, FL 32541 US

**New Mailing Address:**

1517 VORTEX SPRING LANE  
PONCE DE LEON, FL 32455 US

**FEI Number:** 20-8822219

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KELLY, LOWELL B  
53 BANNERMAN BEACH  
SANTA ROSA BEACH, FL 32459 US

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

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  
Name: KELLY, LOWELL B  
Address: 53 BANNERMAN BEACH LANE  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGRM  
Name: KELLY, AMY L  
Address: 981 HWY 98 E SUITE 3-419  
City-St-Zip: DESTIN, FL 32541

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: LOWELL B. KELLY

MGRM

03/15/2011

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