

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000064183

**FILED**  
**Feb 02, 2010**  
**Secretary of State**

**Entity Name:** WILD WILLY'S AIRBOAT TOURS, LLC

**Current Principal Place of Business:**

4715 KISSIMMEE PARK RD.  
LOT 123  
ST CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 702481  
ST CLOUD, FL 347702481

**New Mailing Address:**

**FEI Number:** 30-0431947

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, SHARON L  
1558 REGAL OAK DRIVE  
KISSIMMEE, FL 34744 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: WILLIAMS, BRAD R  
Address: 1558 REGAL OAK DRIVE  
City-St-Zip: KISSIMMEE, FL 34744

Title: MGRM  
Name: WILLIAMS, SHARON L  
Address: 1558 REGAL OAK DRIVE  
City-St-Zip: KISSIMMEE, FL 34744

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: SHARON WILLIAMS

MGRM

02/02/2010

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