## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## May 01, 2008 8:00 am Secretary of State **DOCUMENT #L07000078143** 1. Entity Name 05-01-2008 90032 013 \*\*\*138.75 RIVER & OCEAN WATER SPORTS, LLC. Principal Place of Business Mailing Address 1750 OCEAN SHORE BLVD. 1750 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176 US ORMOND BEACH, FL 32176 115 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 02072008 Cha-LLC CR2E083 (12/06) City & State City & State Applied For 4. FE Number 26 -Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RIECKS, JAMES:D Street Address (P.O. Box Number is Not Acceptable) 433 SILVER BEACH AVENUE STE 204 DAYTONA BEACH, FL 32118 City Zip Code 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 Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM Delete TITLE Change ☐ Addition RIECKS, DEBORAH L NAME NAME STREET ADDRESS 1750 OCEAN SHORE BLVD. STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32176 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

☐ Addition

☐ Change

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

Delete

TiTLE

NAME

STREET ADDRESS

CITY-ST-ZIP

, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #