

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122377

FILED
Jun 09, 2009
Secretary of State

Entity Name: JOURNEYS UNFORGETTABLE, LLC.

Current Principal Place of Business:

4890 OXFORD WAY
BOCA RATON, FL 33434 US

New Principal Place of Business:

Current Mailing Address:

4890 OXFORD WAY
BOCA RATON, FL 33434 US

New Mailing Address:

FEI Number: 26-1544088 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:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST.
SUITE 500
ORLANDO, FL 32804 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: RIMER, STEPHEN
Address: 4890 OXFORD WAY
City-St-Zip: BOCA RATON, FL 33434 US

Title: MGRM () Delete
Name: RIMER, KARIN
Address: 4890 OXFORD WAY
City-St-Zip: BOCA RATON, FL 33434 US

Title: MGRM () Delete
Name: RIMER, BRENNAN
Address: 4890 OXFORD WAY
City-St-Zip: BOCA RATON, FL 33434 US

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: STEPHEN RIMER

MGRM

06/09/2009

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