

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000046422

**FILED**  
**Mar 15, 2010**  
**Secretary of State**

**Entity Name:** JUSTIN'S OUTDOOR FAMILY ADVENTURES LLC

**Current Principal Place of Business:**

2950 N. SHELL RD.  
DELAND, FL 32720

**New Principal Place of Business:**

340 CANDY LANE  
DELAND, FL 32720

**Current Mailing Address:**

2950 N. SHELL RD.  
DELAND, FL 32720

**New Mailing Address:**

340 CANDY LANE  
DELAND, FL 32720

**FEI Number:** 30-0552654

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, CHARLES S  
340 CANDY LANE  
DELAND, FL 32720 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: BIRLE, JUSTIN R  
Address: 2950 N. SHELL RD.  
City-St-Zip: DELAND, FL 32720

Title: MGRM  
Name: THOMPSON, MYRA L  
Address: 2950 N. SHELL RD.  
City-St-Zip: DELAND, FL 32720

Title: MGRM  
Name: SMITH, CHARLES S  
Address: 340 CANDY LANE  
City-St-Zip: DELAND, FL 32720

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: CHARLES S SMITH

MGRM

03/15/2010

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