

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000068328

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** OCEAN FORCE ADVENTURES, LLC

**Current Principal Place of Business:**

555 NE 15 STREET  
12B  
MIAMI, FL 33132 US

**New Principal Place of Business:**

555 NE 15 STREET  
12C  
MIAMI, FL 33132 US

**Current Mailing Address:**

555 NE 15 STREET  
12B  
MIAMI, FL 33132 US

**New Mailing Address:**

555 NE 15 STREET  
12C  
MIAMI, FL 33132 US

**FEI Number:** 26-3069879

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VASALLO & VASALLO, PA  
12394 SW 82 AVENUE  
MIAMI, FL 33156 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: FALCONER, KIMBERLY  
Address: 555 NE 15 STREET, SUITE 12C  
City-St-Zip: MIAMI, FL 33132 US

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: KIMBERLY FALCONER

MGRM

01/05/2011

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