

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076646

Entity Name: GREEN WAVE SURF ACADEMY, LLC

FILED  
Apr 17, 2009  
Secretary of State

**Current Principal Place of Business:**

17 N. ORLANDO AVENUE  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

**Current Mailing Address:**

17 N. ORLANDO AVENUE  
COCOA BEACH, FL 32931

**New Mailing Address:**

FEI Number: 32-0258202      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HINDS, EVE S  
5036 DR. PHILLIPS BLVD  
SUITE 351  
ORLANDO, FL 32819 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 ( ) Delete  
Name: SAPP, MASON  
Address: 17 N. ORLANDO AVE  
City-St-Zip: COCOA BEACH, FL 32931

Title: MGRM ( ) Delete  
Name: TERRY, STEVE L  
Address: 5036 DR. PHILLIPS BLVD. SUITE 351  
City-St-Zip: ORLANDO, FL 32819

Title: MGRM ( ) Delete  
Name: HINDS, EVE S  
Address: 5036 DR. PHILLIPS BLVD. SUITE 351  
City-St-Zip: ORLANDO, FL 32819

**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: EVE HINDS

MGRM

04/17/2009

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