

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000090185

Entity Name: WISE ADVENTURES, LLC

**FILED**  
**May 01, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

16600 LIBRA ST  
203  
CLERMONT, FL 34746 US

## **New Principal Place of Business:**

4579 EAGLET LANE  
KISSIMMEE, FL 34746 US

## **Current Mailing Address:**

16600 LIBRA ST  
203  
CLERMONT, FL 34746 US

## **New Mailing Address:**

52 RILEY RD  
388  
CELEBRATION, FL 34746 US

FEI Number: 26-3424296

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GALLETS, EUNICE  
2825 SW 22ND AVE.  
STE. 105  
DELRAY BEACH, FL 33445 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: MGR  
Name: ROSE, SETH  
Address: 52 RILEY RD SUITE 388  
City-St-Zip: CELEBRATION, FL 34747 US

Title: MGR  
Name: KAPLAN, RACHEL  
Address: 52 RILEY RD SUITE 388  
City-St-Zip: CELEBRATION, FL 34747 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: SETH ROSE

MGR

05/01/2012

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