

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000011544

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

**Entity Name:** THE GLIDE ADVENTURE, LLC

**Current Principal Place of Business:**

7304 N SAINT VINCENT ST  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

7304 N SAINT VINCENT ST  
TAMPA, FL 33614 US

**New Mailing Address:**

**FEI Number:** 26-4202542

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

VARN, JEAN E  
7304 ST. VINCENT STREET  
TAMPA, FL 33614 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: JEAN VARN

01/04/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VARN, JEAN  
Address: 7304 N SAINT VINCENT ST  
City-St-Zip: TAMPA, FL 33614 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: JEAN VARN

MGRM

01/04/2010

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