

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000035457

FILED  
Feb 11, 2010  
Secretary of State

**Entity Name:** URBAN ADVENTURES CAMPING SERVICES, LLC

**Current Principal Place of Business:**

121 SHADOW TRAIL  
LONGWOOD, FL 32750 US

**New Principal Place of Business:**

1173 AMANDA KAY CIRCLE  
SANFORD, FL 32771 US

**Current Mailing Address:**

121 SHADOW TRAIL  
LONGWOOD, FL 32750 US

**New Mailing Address:**

1173 AMANDA KAY CIRCLE  
SANFORD, FL 32771 US

**FEI Number:** 30-0548681

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLEN, JANE C MRS.  
121 SHADOW TRAIL  
LONGWOOD, FL 32750 US

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

MILLEN, JANE C MRS.  
1173 AMANDA KAY CIRCLE  
SANFORD, FL 32771 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:

02/11/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MILLEN, JANE C MRS.  
Address: 1173 AMANDA KAY CIRCLE  
City-St-Zip: SANFORD, FL 32771 US

Title: MGRM  
Name: MILLEN, MICHAEL J MR.  
Address: 1173 AMANDA KAY CIRCLE  
City-St-Zip: SANFORD, FL 32771 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: JANE C. MILLEN

MGRM

02/11/2010

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